THE QUESTION OF LAY ANALYSIS



SIGMUND FREUD, the founder of psycho-analysis, was born in 1856 in Austria. From 1876 to 1882 he worked in the Physiological Institute and a hospital in Vienna, studying at the same time for his M.D., which he received in 1881. During this period he did research with Josef Breuer on the use of hypnosis in the treatment of hysteria and developed his first psycho-analytic hypotheses. In 1885 he went to Paris for a year of study with the famous neurologist, Charcot. When he returned to Vienna, he became lecturer in neuropathology and later professor at the university there. He remained in Vienna until the advent of the Nazis. He then fled to England, where he died in 1939.

Some of Freud's most famous and significant books are: *The Interpretation of Dreams* (1900), *On Dreams* (1901), *The Psychopathology of Everyday Life* (1904), *On Psychotherapy* (1905), *The Origin and Development of Psychoanalysis* (1909), *Totem and Taboo* (1913), and *Beyond the Pleasure Principle* (1920). After 1923 Freud wrote several less technical books in which he applied the psychoanalytic approach to the study of culture. One of these is *The Future of an Illusion* (A-381). Others are *Civilization and Its Discontents* (1929) and *Moses and Monotheism* (1939).

A General Selection from the Works of Sigmund Freud edited by John Rickman, and *The Life and Work of Sigmund Freud* by Ernest Jones, edited and abridged in one volume by Lionel Trilling and Steven Marcus, are also available in Anchor.

THE QUESTION OF LAY ANALYSIS

Conversations with an Impartial Person

by SIGMUND FREUD

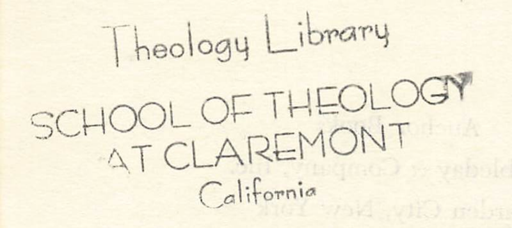
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EDITOR'S PREFACE

In the Postscript at the end of this work, Freud himself gives an account of its origin. Stated shortly, it was his reaction to an attempt made by the authorities in 1926 to prevent a prominent non-medical member of the Vienna Psycho-Analytical Society from practising psycho-analysis, on the basis of an old Austrian law against 'quackery'. The attempt in fact failed, whether as a result of Freud's intervention or, more probably, owing to the influence of a highly placed official with whom he had discussed the subject. It is this official who was the prototype of the 'Impartial Person' in the pamphlet.

The question at issue, however, was of much more than local importance. Freud himself had long been of the opinion that a medical degree was not an essential need for a practitioner of psycho-analysis and that certain non-medical qualifications *were* essential. This view was and is far from being accepted in every part of the world of psycho-analysis. The American Psycho-analytic Association, for instance, does not admit non-doctors to its 'active membership', whereas the British Psycho-Analytical Society allows them admission provided that they undertake always to work under a doctor's supervision.

The publication of this work of Freud's gave rise to a sharpening of the argument among psycho-

analysts, and the question was ventilated in a long series of reasoned statements (28 in all) by analysts from various countries which were published in 1927 in the two official psycho-analytic periodicals in German and English. The series was brought to an end by Freud himself in the Postscript printed below, in which he replied to his critics and restated his arguments.

This whole discussion may seem to be a parochial one and of no particular interest to the general reader, and, indeed, it is not on its account that this work makes such a wide appeal. It happens, however, that Freud made use of this occasion for giving the very best of his shorter general expositions of psycho-analysis. It is not only clear and comprehensive but entertaining, and its dialogue form affords plenty of scope for the lively irony of Freud's writing. We find in it discussions not only of the deep theoretical basis of psycho-analysis, but also of its therapeutic action and of its technical procedures, as well as of its application in wider psychological fields. The work has, too, the advantage of giving an account of Freud's views in terms belonging to the very latest stage of their development. The Postscript is equally lively, and in it, moreover, Freud gives us some details about the development of his interests during his boyhood and youth which are not to be found elsewhere.

The text of the present translation is derived from Volume XX of *The Standard Edition of the Complete Psychological Works of Sigmund Freud.* (London: The Hogarth Press and the Institute of Psycho-Analysis.)

INTRODUCTION

The title of this small work is not immediately intelligible. I will therefore explain it. 'Layman' = 'Non-doctor'; and the question is whether non-doctors as well as doctors are to be allowed to practise analysis. This question has its limitations both in time and place. In *time,* because up to now no one has been concerned as to *who* practises analysis. Indeed, people have been much too little concerned about it—the one thing they were agreed on was a wish that *no one* should practise it. Various reasons were given for this, but they were based on the same underlying distaste. Thus the demand that only doctors should analyse corresponds to a new and apparently more friendly attitude to analysis—if, that is, it can escape the suspicion of being after all only a slightly modified derivative of the earlier attitude. It is conceded that in some circumstances an analytic treatment shall be undertaken; but, if so, only doctors are to undertake it. The reason for this restriction then becomes a matter for inquiry.

The question is limited in *place* because it does not arise in all countries with equal significance. In Germany and America it would be no more than an academic discussion; for in those countries every patient can have himself treated how and by whom he chooses, and anyone who chooses can, as a

'quack', handle any patients, provided only that he undertakes the responsibility for his actions.[1] The law does not intervene until it is called in to expiate some injury done to the patient. But in Austria, in which and for which I am writing, there is a preventive law, which forbids non-doctors from undertaking the treatment of patients, without waiting for its outcome.[2] So here the question whether laymen (= non-doctors) may treat patients by psycho-analysis has a practical sense. As soon as it is raised, however, it appears to be settled by the wording of the law. Neurotics are patients, laymen are non-doctors, psycho-analysis is a procedure for curing or improving nervous disorders, and all such treatments are reserved to doctors. It follows that laymen are not permitted to practise analysis on neurotics, and are punishable if they nevertheless do so. The position being so simple, one hardly ventures to take up the question of lay analysis. All the same, there are some complications, which the law does not trouble about, but which nevertheless call for consideration. It may perhaps turn out that in this instance the patients are not like other patients, that the laymen are not really laymen, and that the doctors have not exactly the qualities which one has a right to expect of doctors and on which their claims should be based. If this can be proved, there will be justifiable grounds for demanding that the law shall not be applied without modification to the instance before us.

[1] [This is actually true only of *certain* of the United States. It is also true of Great Britain.]

[2] The same holds good in France.

I

Whether this happens will depend on people who are not obliged to be familiar with the peculiarities of an analytic treatment. It is our task to give information on the subject to these impartial persons, whom we shall assume to be, at the moment, still in ignorance. It is to be regretted that we cannot let them be present as an audience at a treatment of this kind. But the 'analytic situation' allows the presence of no third person. Moreover the different sessions are of very unequal value. An unauthorized listener who hit upon a chance one of them would as a rule form no useful impression; he would be in danger of not understanding what was passing between the analyst and the patient, or he would be bored. For good or ill, therefore, he must be content with our information, which we shall try to make as trustworthy as possible.

A patient, then, may be suffering from fluctuations in his moods which he cannot control, or from a sense of despondency by which his energy feels paralysed because he thinks he is incapable of doing anything properly, or from a nervous embarrassment among strangers. He may perceive, without understanding the reason for it, that he has difficulties in carrying out his professional work, or indeed any comparatively important decision or any undertaking. He may one day have suffered from a

distressing attack—unknown in its origin—of feelings of anxiety, and since then have been unable, without a struggle, to walk along the street alone, or to travel by train; he may perhaps have had to give up both entirely. Or, a very remarkable thing, his thoughts may go their own way and refuse to be directed by his will. They pursue problems that are quite indifferent to him, but from which he cannot get free. Quite ludicrous tasks, too, are imposed on him, such as counting up the windows on the fronts of houses. And when he has performed simple actions such as posting a letter or turning off a gas-jet, he finds himself a moment later doubting whether he has really done so. This may be no more than an annoyance and a nuisance. But his state becomes intolerable if he suddenly finds he is unable to fend off the idea that he has pushed a child under the wheels of a car or has thrown a stranger off the bridge into the water, or if he has to ask himself whether he is not the murderer whom the police are looking for in connexion with a crime that was discovered that day. It is obvious nonsense, as he himself knows; he has never done any harm to anyone; but if he were really the murderer who is being looked for, his feeling—his sense of guilt—could not be stronger.

Or again our patient—and this time let us make her a woman—may suffer in another way and in a different field. She is a pianist, but her fingers are overcome by cramp and refuse to serve her. Or when she thinks of going to a party she promptly becomes aware of a call of nature the satisfaction of which would be incompatible with a social gather-

ing. She has therefore given up going to parties, dances, theatres, or concerts. She is overcome by violent headaches or other painful sensations at times when they are most inconvenient. She may even be unable to keep down any meal she eats—which can become dangerous in the long run. And, finally, it is a lamentable fact that she cannot tolerate any agitations, which after all are inevitable in life. On such occasions she falls in a faint, often accompanied by muscular spasms that recall sinister pathological states.

Other patients, again, suffer from disturbances in a particular field in which emotional life converges with demands of a bodily sort. If they are men, they find they are incapable of giving physical expression to their tenderest feelings towards the opposite sex, while towards less-loved objects they may perhaps have every reaction at their command. Or their sensual feelings attach them to people whom they despise and from whom they would like to get free; or those same feelings impose requirements on them whose fulfilment they themselves find repulsive. If they are women, they feel prevented by anxiety or disgust or by unknown obstructions from meeting the demands of sexual life; or, if they have surrendered to love, they find themselves cheated of the enjoyment which nature has provided as a reward for such compliance.

All these people recognize that they are ill and go to doctors, by whom people expect nervous disorders like these to be removed. The doctors, too, lay down the categories into which these complaints are divided. They diagnose them, each according to

his own standpoint, under different names: neurasthenia, psychasthenia, phobias, obsessional neurosis, hysteria. They examine the organs which produce the symptoms, the heart, the stomach, the bowels, the genitals, and find them healthy. They recommend interruptions in the patient's accustomed mode of life, holidays, strengthening exercises, tonics, and by these means bring about temporary improvements—or no result at all. Eventually the patients hear that there are people who are concerned quite specially with the treatment of such complaints and start an analysis with them.

During this disquisition on the symptoms of neurotics, the Impartial Person, whom I imagine as being present, has been showing signs of impatience. At this point, however, he becomes attentive and interested. 'So now', he says, 'we shall learn what the analyst does with the patient whom the doctor has not been able to help.'

Nothing takes place between them except that they talk to each other. The analyst makes use of no instruments—not even for examining the patient —nor does he prescribe any medicines. If it is at all possible, he even leaves the patient in his environment and in his usual mode of life during the treatment. This is not a necessary condition of course, and may not always be practicable. The analyst agrees upon a fixed regular hour with the patient, gets him to talk, listens to him, talks to him in his turn, and gets him to listen.

The Impartial Person's features now show signs of unmistakable relief and relaxation, but they also clearly betray some contempt. It is as though he

were thinking: 'Nothing more than that? Words, words, words, as Prince Hamlet says.' And no doubt he is thinking too of Mephistopheles' mocking speech[1] on how comfortably one can get along with the help of words—lines that no German will ever forget.

'So it is a kind of magic,' he comments: 'you talk, and blow away his ailments.'

Quite true. It *would* be magic if it worked rather quicker. An essential attribute of a magician is speed—one might say suddenness—of success. But analytic treatments take months and even years: magic that is so slow loses its miraculous character. And incidentally do not let us despise the *word*. After all it is a powerful instrument; it is the means by which we convey our feelings to one another, our method of influencing other people. Words can do unspeakable good and cause terrible wounds. No doubt 'in the beginning was the deed'[2] and the word came later; in some circumstances it meant an advance in civilization when deeds were softened into words. But originally the word was magic—a magical act; and it has retained much of its ancient power.

The Impartial Person proceeds: 'Let us suppose that the patient is no better prepared to understand analytic treatment than I am; then how are you going to make him believe in the magic of the word or of the speech that is to free him from his sufferings?'

[1] [In his conversation with the student in *Faust*, Part I, Scene 4.]

[2] [*Faust*, Part I, Scene 3.]

Some preparation must of course be given to him; and there is a simple way of doing it. We call on him to be completely straightforward with his analyst, to keep nothing back intentionally that comes into his head, and then to put aside *every* reservation that might prevent his reporting certain thoughts or memories. Everyone is aware that there are some things in himself that he would be very unwilling to tell other people or that he considers it altogether out of the question to tell. These are his 'intimacies'. He has a notion too—and this represents a great advance in psychological self-knowledge—that there are other things that one would not care to admit *to oneself:* things that one likes to conceal from oneself and which for that reason one breaks off short and drives out of one's thoughts if, in spite of everything, they turn up. Perhaps he may himself notice that a very remarkable psychological problem begins to appear in this situation—of a thought of his own being kept secret from his own self. It looks as though his own self were no longer the unity which he had always considered it to be, as though there were something else as well in him that could confront that self. He may become obscurely aware of a contrast between a self and a mental life in the wider sense. If now he accepts the demand made by analysis that he shall say everything, he will easily become accessible to an expectation that to have relations and exchanges of thought with someone under such unusual conditions might also lead to peculiar results.

'I understand,' says our Impartial Person. 'You assume that every neurotic has something oppressing

him, some secret. And by getting him to tell you about it you relieve his oppression and do him good. That, of course, is the principle of Confession, which the Catholic Church has used from time immemorial in order to make secure its dominance over people's minds.'

We must reply: 'Yes and no!' Confession no doubt plays a part in analysis—as an introduction to it, we might say. But it is very far from constituting the essence of analysis or from explaining its effects. In Confession the sinner tells what he knows; in analysis the neurotic has to tell more. Nor have we heard that Confession has ever developed enough power to get rid of actual pathological symptoms.

'Then, after all, I do not understand,' comes the rejoinder. 'What can you possibly mean by "telling more than he knows"? But I can well believe that as an analyst you gain a stronger influence over your patients than a Father Confessor over his penitents, since your contacts with him are so much longer, more intensive, and also more individual, and since you use this increased influence to divert him from his sick thoughts, to talk him out of his fears, and so on. It would certainly be strange if it were possible by such means to control purely physical phenomena as well, such as vomiting, diarrhoea, convulsions; but I know that influence like that is in fact quite possible if a person is put into a state of hypnosis. By the trouble you take with the patient you probably succeed in bringing about a hypnotic relation of that sort with him—a suggestive attachment to yourself—even though you may not intend to; and in that case the miraculous results of your

treatment are the effect of hypnotic suggestion. But, so far as I know, hypnotic treatment works much faster than your analysis, which, as you tell me, lasts for months and years.'

Our Impartial Person cannot be either so ignorant or so perplexed as we thought to begin with. There are unmistakable signs that he is trying to understand psycho-analysis with the help of his previous knowledge, that he is trying to link it up with something he already knows. The difficult task now lies ahead of us of making it clear to him that he will not succeed in this: that analysis is a procedure *sui generis,* something novel and special, which can only be understood with the help of *new* insights—or hypotheses, if that sounds better. But he is still waiting for our answer to his last remarks.

What you say about the special personal influence of the analyst certainly deserves great attention. An influence of the kind exists and plays a large part in analysis—but not the same part as in hypnotism. It ought to be possible to convince you that the situations in the two cases are quite different. It may be enough to point out that we do not use this personal influence, the factor of 'suggestion', to suppress the symptoms of the illness, as happens with *hypnotic* suggestion. Further, it would be a mistake to believe that this factor is the vehicle and promoter of the treatment throughout its length. At its beginning, no doubt. But later on it opposes our analytic intentions and forces us to adopt the most far-reaching counter-measures. And I should like to show by an example how far diverting a patient's thoughts and talking him out of things are from the

technique of analysis. If a patient of ours is suffering from a sense of guilt, as though he had committed a serious crime, we do not recommend him to disregard his qualms of conscience and do not emphasize his undoubted innocence; he himself has often tried to do so without success. What we do is to remind him that such a strong and persistent feeling must after all be based on something real, which it may perhaps be possible to discover.

'It would surprise me', comments the Impartial Person, 'if you were able to soothe your patients by agreeing with their sense of guilt in that way. But what *are* your analytic intentions? and what *do* you do with your patients?'

II

If I am to say anything intelligible to you, I shall no doubt have to tell you something of a psychological theory which is not known or not appreciated outside analytic circles. It will be easy to deduce from this theory what we want from our patients and how we obtain it. I shall expound it to you dogmatically, as though it were a complete theoretical structure. But do not suppose that it came into being as such a structure, like a philosophical system. We have developed it very slowly, we have wrestled over every small detail of it, we have unceasingly modified it, keeping a continuous contact with observation, till it has finally taken a shape in which it seems to suffice for our purposes. Only a few years ago I should have had to clothe this theory in other terms. Nor, of course, can I guarantee to you that the form in which it is expressed today will remain the final one. Science, as you know, is not a revelation; long after its beginnings it still lacks the attributes of definiteness, immutability, and infallibility for which human thought so deeply longs. But such as it is, it is all that we can have. If you will further bear in mind that our science is very young, scarcely as old as the century, and that it is concerned with what is perhaps the most difficult material that can be the subject of human research, you will easily be able to adopt the correct attitude

towards my exposition. But interrupt me whenever you feel inclined, if you cannot follow me or if you want further explanations.

'I will interrupt you before you have even begun. You say that you intend to expound a new psychology to me; but I should have thought that psychology was no new science. There have been psychologies and psychologists enough; and I heard of great achievements in that field while I was at college.'

I should not dream of disputing them. But if you look into the matter more closely you will have to class these great achievements as belonging rather to the physiology of the sense organs. The theory of mental life could not be developed, because it was inhibited by a single essential misunderstanding. What does it comprise today, as it is taught at college? Apart from those valuable discoveries in the physiology of the senses, a number of classifications and definitions of our mental processes which, thanks to linguistic usage, have become the common property of every educated person. That is clearly not enough to give a view of our mental life. Have you not noticed that every philosopher, every imaginative writer, every historian, and every biographer makes up his own psychology for himself, brings forward his own particular hypotheses concerning the interconnexions and aims of mental acts —all more or less plausible and all equally untrustworthy? There is an evident lack of any common foundation. And it is for that reason too that in the field of psychology there is, so to speak, no respect and no authority. In that field everyone can 'run

wild' as he chooses. If you raise a question in physics or chemistry, anyone who knows he possesses no 'technical knowledge' will hold his tongue. But if you venture upon a psychological assertion you must be prepared to meet judgements and contradictions from every quarter. In this field, apparently, there is no 'technical knowledge'. Everyone has a mental life, so everyone regards himself as a psychologist. But that strikes me as an inadequate legal title. The story is told of how someone who applied for a post as a children's nurse was asked if she knew how to look after babies. 'Of course,' she replied, 'why, after all, I was a baby once myself.'

'And you claim that you have discovered this "common foundation" of mental life, which has been overlooked by every psychologist, from observations on *sick people*?'

The source of our findings does not seem to me to deprive them of their value. Embryology, to take an example, would not deserve to be trusted if it could not give a plain explanation of the origin of innate malformations. I have told you of people whose thoughts go their own way, so that they are obliged to worry over problems to which they are perfectly indifferent. Do you think that academic psychology could ever make the smallest contribution towards explaining an abnormality such as that? And, after all, we all of us have the experience at night-time of our thoughts going their own way and creating things which we do not understand, which puzzle us, and which are suspiciously reminiscent of pathological products. Our dreams, I

mean. The common people have always firmly believed that dreams have a sense and a value—that they mean something. Academic psychology has never been able to inform us what this meaning is. It could make nothing of dreams. If it attempted to produce explanations, they were non-psychological —such as tracing them to sensory stimuli, or to an unequal depth of sleep in different portions of the brain, and so on. But it is fair to say that a psychology which cannot explain dreams is also useless for an understanding of normal mental life, that it has no claim to be called a science.

'You are becoming aggressive; so you have evidently got on to a sensitive spot. I have heard, it is true, that in analysis great value is attached to dreams, that they are interpreted, and that memories of real events are looked for behind them, and so on. But I have heard as well that the interpretation of dreams is left to the caprice of analysts, and that they themselves have never ceased disputing over the way of interpreting dreams and the justification for drawing conclusions from them. If that is so, you ought not to underline so heavily the advantage that analysis has won over academic psychology.'

There is really a great deal of truth in what you say. It is true that the interpretation of dreams has come to have unequalled importance both for the theory and the practice of analysis. If I seem to be aggressive, that is only a way of defending myself. And when I think of all the mischief some analysts have done with the interpretation of dreams I

might lose heart and echo the pessimistic pronouncement of our great satirist Nestroy[1] when he says that every step forward is only half as big as it looks at first. But have you ever found that men do anything but confuse and distort what they get hold of? By the help of a little foresight and self-discipline most of the dangers of dream-interpretation can be avoided with certainty. But you will agree that I shall never come to my exposition if we let ourselves be led aside like this.

'Yes. If I understood rightly, you wanted to tell me about the fundamental postulate of the new psychology.'

That was not what I wanted to begin with. My purpose is to let you hear what pictures we have formed of the structure of the mental apparatus in the course of our analytic studies.

'What do you mean by the "mental apparatus"? and what, may I ask, is it constructed of?'

It will soon be clear what the mental apparatus is; but I must beg you not to ask what material it is constructed of. That is not a subject of psychological interest. Psychology can be as indifferent to it as, for instance, optics can be to the question of whether the walls of a telescope are made of metal or cardboard. We shall leave entirely on one side the *material* line of approach,[2] but not so the *spatial* one. For we picture the unknown apparatus which serves the activities of the mind as being

[1] [Johann Nestroy (1801–62), famous in Vienna as a writer of comedies and farces.]

[2] [The question of what *material* the mental apparatus is constructed of.]

really like an instrument constructed of several parts (which we speak of as 'agencies'), each of which performs a particular function and which have a fixed spatial relation to one another: it being understood that by spatial relation—'in front of' and 'behind', 'superficial' and 'deep'—we merely mean in the first instance a representation of the regular succession of the functions. Have I made myself clear?

'Scarcely. Perhaps I shall understand it later. But, in any case, here is a strange anatomy of the soul—a thing which, after all, no longer exists at all for the scientists.'

What do you expect? It is a hypothesis like so many others in the sciences: the very earliest ones have always been rather rough. 'Open to revision' we can say in such cases. It seems to me unnecessary for me to appeal here to the 'as if' which has become so popular. The value of a 'fiction' of this kind (as the philosopher Vaihinger[3] would call it) depends on how much one can achieve with its help.

But to proceed. Putting ourselves on the footing of everyday knowledge, we recognize in human beings a mental organization which is interpolated between their sensory stimuli and the perception of their somatic needs on the one hand and their motor acts on the other, and which mediates between

[3] [Hans Vaihinger (1852–1933). His philosophical system was enunciated in *Die Philosophie des Als Ob*, 1911. An English translation by C. K. Ogden appeared in 1924 under the title *The Philosophy of 'As if'*. The work had a considerable vogue in German-speaking countries, especially after the First World War.]

them for a particular purpose. We call this organization their '*Ich*' ['ego'; literally, 'I']. Now there is nothing new in this. Each one of us makes this assumption without being a philosopher, and some people even in spite of being philosophers. But this does not, in our opinion, exhaust the description of the mental apparatus. Besides this 'I', we recognize another mental region, more extensive, more imposing, and more obscure than the 'I', and this we call the '*Es*' ['id'; literally, 'it']. The relation between the two must be our immediate concern.

You will probably protest at our having chosen simple pronouns to describe our two agencies or provinces instead of giving them orotund Greek names. In psycho-analysis, however, we like to keep in contact with the popular mode of thinking and prefer to make its concepts scientifically serviceable rather than to reject them. There is no merit in this; we are obliged to take this line; for our theories must be understood by our patients, who are often very intelligent, but not always learned. The impersonal 'it' is immediately connected with certain forms of expression used by normal people. 'It shot through me,' people say; 'there was something in me at that moment that was stronger than me.' '*C'était plus fort que moi.*'

In psychology we can only describe things by the help of analogies. There is nothing peculiar in this; it is the case elsewhere as well. But we have constantly to keep changing these analogies, for none of them lasts us long enough. Accordingly, in trying to make the relation between the ego and the id clear, I must ask you to picture the ego as a

kind of façade of the id, as a frontage, like an external, cortical, layer of it. We can hold on to this last analogy. We know that cortical layers owe their peculiar characteristics to the modifying influence of the external medium on which they abut. Thus we suppose that the ego is the layer of the mental apparatus (of the id) which has been modified by the influence of the external world (of reality). This will show you how in psycho-analysis we take spatial ways of looking at things seriously. For us the ego is really something superficial and the id something deeper—looked at from outside, of course. The ego lies between reality and the id, which is what is truly mental.

'I will not ask any questions yet as to how all this can be known. But tell me first what you gain from this distinction between an ego and an id? What leads you to make it?'

Your question shows me the right way to proceed. For the important and valuable thing is to know that the ego and the id differ greatly from each other in several respects. The rules governing the course of mental acts are different in the ego and id; the ego pursues different purposes and by other methods. A great deal could be said about this; but perhaps you will be content with a fresh analogy and an example. Think of the difference between 'the front' and 'behind the lines', as things were during the war. We were not surprised then that some things were different at the front from what they were behind the lines, and that many things were permitted behind the lines which had to be forbidden at the front. The determining in-

fluence was, of course, the proximity of the enemy; in the case of mental life it is the proximity of the external world. There was a time when 'outside', 'strange', and 'hostile' were identical concepts. And now we come to the example. In the id there are no conflicts; contradictions and antitheses persist side by side in it unconcernedly, and are often adjusted by the formation of compromises. In similar circumstances the ego feels a conflict which must be decided; and the decision lies in one urge being abandoned in favour of the other. The ego is an organization characterized by a very remarkable trend towards unification, towards synthesis. This characteristic is lacking in the id; it is, as we might say, 'all to pieces'; its different urges pursue their own purposes independently and regardless of one another.

'And if such an important mental region "behind the lines" exists, how can you explain its having been overlooked till the time of analysis?'

That brings us back to one of your earlier questions [p. 14]. Psychology had barred its own access to the region of the id by insisting on a postulate which is plausible enough but untenable: namely, that all mental acts are conscious[4] to us—that being conscious is the criterion of what is mental, and that, if there are processes in our brain which are not conscious, they do not deserve to be

[4] [It should be remarked that the German word for 'conscious'—*bewusst*—has a passive form and is regularly used by Freud in a passive sense. Thus he would not as a rule speak of a person being conscious of a sensation but of a sensation being conscious to a person.]

called mental acts and are no concern of psychology.

'But I should have thought that was obvious.'

Yes, and that is what psychologists think. Nevertheless it can easily be shown to be false—that is, to be a quite inexpedient distinction. The idlest self-observation shows that ideas may occur to us which cannot have come about without preparation. But you experience nothing of these preliminaries of your thought, though they too must certainly have been of a mental nature; all that enters your consciousness is the ready-made result. Occasionally you can make these preparatory thought-structures conscious *in retrospect,* as though in a reconstruction.

'Probably one's attention was distracted, so that one failed to notice the preparations.'

Evasions! You cannot in that way get around the fact that acts of a mental nature, and often very complicated ones, can take place in you, of which your consciousness learns nothing and of which you know nothing. Or are you prepared to suppose that a greater or smaller amount of your 'attention' is enough to transform a non-mental act into a mental one? But what is the use of disputing? There are hypnotic experiments in which the existence of such non-conscious thoughts are irrefutably demonstrated to anyone who cares to learn.

'I shall not retract; but I believe I understand you at last. What you call "ego" is consciousness; and your "id" is the so-called subconscious that people talk about so much nowadays. But why the masquerading with the new names?'

It is not masquerading. The other names are of no use. And do not try to give me literature instead of science. If someone talks of subconsciousness, I cannot tell whether he means the term topographically—to indicate something lying in the mind beneath consciousness—or qualitatively—to indicate another consciousness, a subterranean one, as it were. He is probably not clear about any of it. The only trustworthy antithesis is between conscious and unconscious. But it would be a serious mistake to think that this antithesis coincides with the distinction between ego and id. Of course it would be delightful if it were as simple as that: our theory would have a smooth passage. But things are not so simple. All that is true is that everything that happens in the id is and remains unconscious, and that processes in the ego, and they alone, *can* become conscious. But not all of them are, nor always, nor necessarily; and large portions of the ego can remain permanently unconscious.

The becoming conscious of a mental process is a complicated affair. I cannot resist telling you—once again, dogmatically—our hypotheses about it. The ego, as you will remember, is the external, peripheral layer of the id. Now, we believe that on the outermost surface of this ego there is a special agency directed immediately to the external world, a system, an organ, through the excitation of which alone the phenomenon that we call consciousness comes about. This organ can be equally well excited from outside—thus receiving (with the help of the sense-organs) the stimuli from the external world—and from inside—thus becoming aware, first,

of the sensations in the id, and then also of the processes in the ego.

'This is getting worse and worse and I can understand it less and less. After all, what you invited me to was a discussion of the question whether laymen (= non-doctors) ought to undertake analytic treatments. What is the point, then, of all these disquisitions on daring and obscure theories which you cannot convince me are justified?'

I know I cannot convince you. That is beyond any possibility and for that reason beyond my purpose. When we give our pupils theoretical instruction in psycho-analysis, we can see how little impression we are making on them to begin with. They take in the theories of analysis as coolly as other abstractions with which they are nourished. A few of them may perhaps *wish* to be convinced, but there is not a trace of their being so. But we also require that everyone who wants to practise analysis on other people shall first himself submit to an analysis. It is only in the course of this 'self-analysis' (as it is misleadingly termed),[5] when they actually experience as affecting their own person—or rather, their own mind—the processes asserted by analysis, that they acquire the convictions by which they are later guided as analysts. How then could I expect to convince you, the Impartial Person, of the correctness of our theories, when I can only put before you an abbreviated and therefore unintelligible account of them, without confirming them from your own experiences?

[5] [This is now usually described as a 'training analysis'.]

I am acting with a different purpose. The question at issue between us is not in the least whether analysis is sensible or nonsensical, whether it is right in its hypotheses or has fallen into gross errors. I am unrolling our theories before you since that is the best way of making clear to you what the range of ideas is that analysis embraces, on the basis of what hypotheses it approaches a patient and what it does with him. In this way a quite definite light will be thrown on the question of lay analysis. And do not be alarmed. If you have followed me so far you have got over the worst. Everything that follows will be easier for you. But now, with your leave, I will pause to take breath.

III

'I expect you will want to tell me how, on the basis of the theories of psycho-analysis, the origin of a neurotic illness can be pictured.'

I will try to. But for that purpose we must study our ego and our id from a fresh angle, from the *dynamic* one—that is to say, having regard to the forces at work in them and between them. Hitherto we have been content with a *description* of the mental apparatus.

'My only fear is that it may become unintelligible again!'

I hope not. You will soon find your way about in it. Well then, we assume that the forces which drive the mental apparatus into activity are produced in the bodily organs as an expression of the major somatic needs. You will recollect the words of our poet philosopher: 'Hunger and love [are what moves the world].'[1] Incidentally, quite a formidable pair of forces! We give these bodily needs, in so far as they represent an instigation to mental activity, the name of '*Triebe*' [instincts], a word for which we are envied by many modern languages.[2] Well, these instincts fill the id: all the energy in the id, as we may put it briefly, originates from them. Nor have the

[1] [Schiller, 'Die Weltweisen'.]

[2] [Various translations have been adopted for the word *Trieb,* the most literal being 'drive'.]

forces in the ego any other origin; they are derived from those in the id. What, then, do these instincts want? Satisfaction—that is, the establishment of situations in which the bodily needs can be extinguished. A lowering of the tension of need is felt by our organ of consciousness as pleasurable; an increase of it is soon felt as unpleasure. From these oscillations arises the series of feelings of pleasure-unpleasure, in accordance with which the whole mental apparatus regulates its activity. In this connexion we speak of a 'dominance of the pleasure principle'.

If the id's instinctual demands meet with no satisfaction, intolerable conditions arise. Experience soon shows that these situations of satisfaction can only be established with the help of the external world. At that point the portion of the id which is directed towards the external world—the ego—begins to function. If all the driving force that sets the vehicle in motion is derived from the id, the ego, as it were, undertakes the steering, without which no goal can be reached. The instincts in the id press for immediate satisfaction at all costs, and in that way they achieve nothing or even bring about appreciable damage. It is the task of the ego to guard against such mishaps, to mediate between the claims of the id and the objections of the external world. It carries on its activity in two directions. On the one hand, it observes the external world with the help of its sense-organ, the system of consciousness, so as to catch the favourable moment for harmless satisfaction; and on the other hand it influences the id, bridles its 'passions', induces its instincts to

postpone their satisfaction and, indeed, if the necessity is recognized, to modify its aims, or, in return for some compensation, to give them up. In so far as it tames the id's impulses in this way, it replaces the pleasure principle, which was formerly alone decisive, by what is known as the 'reality principle', which, though it pursues the same ultimate aims, takes into account the conditions imposed by the real external world. Later, the ego learns that there is yet another way of securing satisfaction besides the *adaptation* to the external world which I have described. It is also possible to intervene in the external world by *changing* it, and to establish in it intentionally the conditions which make satisfaction possible. This activity then becomes the ego's highest function; decisions as to when it is more expedient to control one's passions and bow before reality, and when it is more expedient to side with them and to take arms against the external world—such decisions make up the whole essence of worldly wisdom.

'And does the id put up with being dominated like this by the ego, in spite of being, if I understand you aright, the stronger party?'

Yes, all will be well if the ego is in possession of its whole organization and efficiency, if it has access to all parts of the id and can exercise its influence on them. For there is no natural opposition between ego and id; they belong together, and under healthy conditions cannot in practice be distinguished from each other.

'That sounds very pretty; but I cannot see how in

such an ideal relation there can be the smallest room for a pathological disturbance.'

You are right. So long as the ego and its relations to the id fulfil these ideal conditions, there will be no neurotic disturbance. The point at which the illness makes its breach is an unexpected one, though no one acquainted with general pathology will be surprised to find a confirmation of the principle that it is precisely the most important developments and differentiations that carry in them the seeds of illness, of failure of function.

'You are becoming too learned. I cannot follow you.'

I must go back a little bit further. A small living organism is a truly miserable, powerless thing, is it not? compared with the immensely powerful external world, full as it is of destructive influences. A primitive organism, which has not developed any adequate ego-organization, is at the mercy of all these 'traumas'. It lives by the 'blind' satisfaction of its instinctual wishes and often perishes in consequence. The differentiation of an ego is above all a step towards self-preservation. Nothing, it is true, can be learnt from being destroyed; but if one has luckily survived a trauma one takes notice of the approach of similar situations and signalizes the danger by an abbreviated repetition of the impressions one has experienced in connexion with the trauma—by an *affect of anxiety*. This reaction to the perception of the danger now introduces an attempt at flight, which can have a life-saving effect till one has grown strong enough to meet the dangers of

the external world in a more active fashion—even aggressively, perhaps.

'All this is very far away from what you promised to tell me.'

You have no notion how close I am to fulfilling my promise. Even in organisms which later develop an efficient ego-organization, their ego is feeble and little differentiated from their id to begin with, during their first years of childhood. Imagine now what will happen if this powerless ego experiences an instinctual demand from the id which it would already like to resist (because it senses that to satisfy it is dangerous and would conjure up a traumatic situation, a collision with the external world) but which it cannot control, because it does not yet possess enough strength to do so. In such a case the ego treats the instinctual danger as if it was an external one; it makes an attempt at flight, draws back from this portion of the id, and leaves it to its fate, after withholding from it all the contributions which it usually makes to instinctual impulses. The ego, as we put it, institutes a *repression* of these instinctual impulses. For the moment this has the effect of fending off the danger; but one cannot confuse the inside and the outside with impunity. One cannot run away from oneself. In repression the ego is following the pleasure principle, which it is usually in the habit of correcting; and it is bound to suffer damage in revenge. This lies in the ego's having permanently narrowed its sphere of influence. The repressed instinctual impulse is now isolated, left to itself, inaccessible, but also uninfluenceable. It goes its own way. Even later, as a rule, when the

ego has grown stronger, it still cannot lift the repression; its synthesis is impaired, a part of the id remains forbidden ground to the ego. Nor does the isolated instinctual impulse remain idle; it understands how to make up for being denied normal satisfaction; it produces psychical derivatives which take its place; it links itself to other processes which by its influence it likewise tears away from the ego; and finally it breaks through into the ego and into consciousness in the form of an unrecognizably distorted substitute, and creates what we call a symptom. All at once the nature of a neurotic disorder becomes clear to us: on the one hand an ego which is inhibited in its synthesis, which has no influence on parts of the id, which must renounce some of its activities in order to avoid a fresh collision with what has been repressed, and which exhausts itself in what are for the most part vain acts of defence against the symptoms, the derivatives of the repressed impulses; and on the other hand an id in which individual instincts have made themselves independent, pursue their aims regardless of the interests of the person as a whole, and henceforth obey the laws only of the primitive psychology that rules in the depths of the id. If we survey the whole situation we arrive at a simple formula for the origin of a neurosis: the ego has made an attempt to suppress certain portions of the id *in an inappropriate manner*, this attempt has failed, and the id has taken its revenge. A neurosis is thus the result of a conflict between the ego and the id, upon which the ego has embarked because, as careful investigation shows, it wishes at all costs to retain its adapt-

IV

'Everything you have told me so far has been psychology. It has often sounded strange, difficult, or obscure; but it has always been—if I may put it so—"pure". I have known very little hitherto, no doubt, about your psycho-analysis; but the rumour has nevertheless reached my ears that you are principally occupied with things that have no claim to that predicate. The fact that you have not yet touched on anything of the kind makes me feel that you are deliberately keeping something back. And there is another doubt that I cannot suppress. After all, as you yourself say, neuroses are disturbances of mental life. Is it possible, then, that such important things as our ethics, our conscience, our ideals, play no part at all in these profound disturbances?'

So you feel that a consideration both of what is lowest and of what is highest has been missing from our discussions up till now? The reason for that is that we have not yet considered the *contents* of mental life at all. But allow me now for once myself to play the part of an interrupter who holds up the progress of the conversation. I have talked so much psychology to you because I wanted you to get the impression that the work of analysis is a part of applied psychology—and, moreover, of a psychology that is unknown outside analysis. An analyst must therefore first and foremost have learnt this psy-

for, under the influence of the psychology of the id, they have assumed forms of expression that are strange to our comprehension. We may assume that whatever associations, thoughts, and memories the patient is unable to communicate to us without internal struggles are in some way connected with the repressed material or are its derivatives. By encouraging the patient to disregard his resistances to telling us these things, we are educating his ego to overcome its inclination towards attempts at flight and to tolerate an approach to what is repressed. In the end, if the situation of the repression can be successfully reproduced in his memory, his compliance will be brilliantly rewarded. The whole difference between his age then and now works in his favour; and the thing from which his childish ego fled in terror will often seem to his adult and strengthened ego no more than child's play.

From my lay notions of the nature of insanity I should say that such a decision on the part of the ego might be the determinant of insanity. After all, a turning away of that kind from reality seems to be the essence of insanity.'

Yes. I myself have thought of that possibility, and indeed I believe it meets the facts—though to prove the suspicion true would call for a discussion of some highly complicated considerations. Neuroses and psychoses are evidently intimately related, but they must nevertheless differ in some decisive respect. That might well be the side taken by the ego in a conflict of this kind. In both cases the id would retain its characteristic of blind inflexibility.

'Well, go on! What hints on the treatment of neurotic illnesses does your theory give?'

It is easy now to describe our therapeutic aim. We try to restore the ego, to free it from its restrictions, and to give it back the command over the id which it has lost owing to its early repressions. It is for this one purpose that we carry out analysis, our whole technique is directed to this aim. We have to seek out the repressions which have been set up and to urge the ego to correct them with our help and to deal with conflicts better than by an attempt at flight. Since these repressions belong to the very early years of childhood, the work of analysis leads us, too, back to that period. Our path to these situations of conflict, which have for the most part been forgotten and which we try to revive in the patient's memory, is pointed out to us by his symptoms, dreams, and free associations. These must, however, first be interpreted—translated—

ability in relation to the real external world. The disagreement is between the external world and the id; and it is because the ego, loyal to its inmost nature, takes sides with the external world that it becomes involved in a conflict with its id. But please observe that what creates the determinant for the illness is not the fact of this conflict—for disagreements of this kind between reality and the id are unavoidable and it is one of the ego's standing tasks to mediate in them—but the circumstance that the ego has made use of the inefficient instrument of repression for dealing with the conflict. But this in turn is due to the fact that the ego, at the time at which it was set the task, was undeveloped and powerless. The decisive repressions all take place in early childhood.

'What a remarkable business! I shall follow your advice and not make criticisms, since you only want to show me what psycho-analysis believes about the origin of neurosis so that you can go on to say how it sets about combating it. I should have various questions to ask and later on I shall raise some of them. But at the moment I myself feel tempted for once to carry your train of thought further and to venture upon a theory of my own. You have expounded the relation between external world, ego, and id, and you have laid it down as the determinant of a neurosis that the ego in its dependence on the external world struggles against the id. Is not the opposite case conceivable of the ego in a conflict of this kind allowing itself to be dragged away by the id and disavowing its regard for the external world? What happens in a case like that?

chology, this depth-psychology or psychology of the unconscious, or as much of it at least as is known today. We shall need this as a basis for our later conclusions. But now, what was it you meant by your allusion to 'purity'?

'Well, it is generally reported that in analyses the most intimate—and the nastiest—events in sexual life come up for discussion in every detail. If that is so—I have not been able to gather from your psychological discussions that it is necessarily so—it would be a strong argument in favour of restricting these treatments to doctors. How could one dream of allowing such dangerous liberties to people of whose discretion one was not sure and of whose character one had no guarantee?'

It is true that doctors enjoy certain privileges in the sphere of sex: they are even allowed to inspect people's genitals—though they were not allowed to in the East and though some idealistic reformers (you know whom I have in mind)[1] have disputed this privilege. But you want to know in the first place whether it is so in analysis and why it must be so. Yes, it is so.

And it must be so, firstly because analysis is entirely founded on complete candour. Financial circumstances, for instance, are discussed with equal detail and openness: things are said that are kept back from every fellow-citizen, even if he is not a competitor or a tax-collector. I will not dispute—indeed, I will myself insist with energy—that this obligation to candour puts a grave moral responsi-

[1] [No doubt Tolstoy and his followers.]

bility on the analyst as well. And it must be so, secondly, because factors from sexual life play an extremely important, a dominating, perhaps even a *specific*, part among the causes and precipitating factors of neurotic illnesses. What else can analysis do but keep close to its subject-matter, to the material brought up by the patient? The analyst never entices his patient on to the ground of sex. He does not say to him in advance: 'We shall be dealing with the intimacies of your sexual life!' He allows him to begin what he has to say wherever he pleases, and quietly waits until the patient himself touches on sexual things. I used always to warn my pupils: 'Our opponents have told us that we shall come upon cases in which the factor of sex plays no part. Let us be careful not to introduce it into our analyses and so spoil our chance of finding such a case.' But so far none of us has had that good fortune.

I am aware, of course, that our recognition of sexuality has become—whether admittedly or not—the strongest motive for other people's hostility to analysis. Can that shake our confidence? It merely shows us how neurotic our whole civilized life is, since ostensibly normal people do not behave very differently from neurotics. At a time when psycho-analysis was solemnly put on its trial before the learned societies of Germany—today things have grown altogether quieter—one of the speakers claimed to possess peculiar authority because, so he said, he even allowed his patients to talk: for diagnostic purposes, clearly, and to test the assertions of analysts. 'But', he added, 'if they begin to talk

about sexual matters I shut their mouths.' What do you think of that as a method of demonstration? The learned society applauded the speaker to the echo instead of feeling suitably ashamed on his account. Only the triumphant certainty afforded by the consciousness of prejudices held in common can explain this speaker's want of logical thought. Years later a few of those who had at that time been my followers gave in to the need to free human society from the yoke of sexuality which psycho-analysis was seeking to impose on it. One of them explained that what is sexual does not mean sexuality at all, but something else, something abstract and mystical. And another actually declared that sexual life is merely one of the spheres in which human beings seek to put in action their driving need for power and domination. They have met with much applause, for the moment at least.

'I shall venture, for once in a way, to take sides on that point. It strikes me as extremely bold to assert that sexuality is not a natural, primitive need of living organisms, but an expression of something else. One need only take the example of animals.'

That makes no difference. There is no mixture, however absurd, that society will not willingly swallow down if it is advertised as an antidote to the dreaded predominance of sexuality.

I confess, moreover, that the dislike that you yourself have betrayed of assigning to the factor of sexuality so great a part in the causation of neurosis—I confess that this scarcely seems to me consistent with your task as an Impartial Person. Are

you not afraid that this antipathy may interfere with your passing judgement?

'I'm sorry to hear you say that. Your reliance on me seems to be shaken. But in that case why not have chosen someone else as your Impartial Person?'

Because that someone else would not have thought any differently from you. But if he had been prepared from the first to recognize the importance of sexual life, everyone would have exclaimed: 'Why, that is no Impartial Person, he is one of your supporters!' No, I am far from abandoning the expectation of being able to influence your opinions. I must admit, however, that from my point of view this situation is different from the one we dealt with earlier. As regards our psychological discussions it is a matter of indifference to me whether you believe me or not, provided only that you get an impression that what we are concerned with are purely psychological problems. But here, as regards the question of sexuality, I should nevertheless be glad if you were accessible to the realization that your strongest motive for contradiction is precisely the ingrained hostility which you share with so many other people.

'But after all I am without the experience that has given you your unshakeable certainty.'

Very well. I can now proceed with my exposition. Sexual life is not simply something spicy; it is also a serious scientific problem. There was much that was novel to be learnt about it, many strange things to be explained. I told you just now that analysis has to go back into the early years of the patient's

childhood, because the decisive repressions have taken place then, while his ego was feeble. But surely in childhood there is no sexual life? surely it only starts at puberty? On the contrary. We have to learn that sexual instinctual impulses accompany life from birth onwards, and that it is precisely in order to fend off those instincts that the infantile ego institutes repressions. A remarkable coincidence, is it not? that small children should already be struggling against the power of sexuality, just as the speaker in the learned society was to do later, and later still my followers who have set up their own theories. How does that come about? The most general explanation would be that our civilization is built up entirely at the expense of sexuality; but there is much more to be said on the subject.

The discovery of infantile sexuality is one of those of which we have reason to feel ashamed [because of its obviousness]. A few paediatricians have, it seems, always known about it, and a few children's nurses. Clever men, who call themselves child psychologists, have thereupon spoken in tones of reproach of a 'desecration of the innocence of childhood'. Once again, sentiment instead of argument! Events of that kind are of daily occurrence in political bodies. A member of the Opposition rises and denounces some piece of maladministration in the Civil Service, in the Army, in the Judiciary, and so on. Upon this another member, preferably one of the Government, declares that such statements are an affront to the sense of honour of the body politic, of the army, of the dynasty, or even of the nation.

So they are as good as untrue. Feelings such as these can tolerate no affronts.

The sexual life of children is of course different from that of adults. The sexual function, from its beginnings to the definitive form in which it is so familiar to us, undergoes a complicated process of development. It grows together from numerous component instincts with different aims and passes through several phases of organization till at last it comes into the service of reproduction. Not all the component instincts are equally serviceable for the final outcome; they must be diverted, remodelled, and in part suppressed. Such a far-reaching course of development is not always passed through without a flaw; inhibitions in development take place, partial fixations at early stages of development. If obstacles arise later on to the exercise of the sexual function, the sexual urge—the libido, as we call it—is apt to hark back to these earlier points of fixation. The study of the sexuality of children and its transformations up to maturity has also given us the key to an understanding of what are known as the sexual perversions, which people used always to describe with all the requisite indications of disgust but whose origin they were never able to explain. The whole topic is of uncommon interest, but for the purposes of our conversation there is not much sense in telling you more about it. To find one's way about in it one of course needs anatomical and physiological knowledge, all of which is unfortunately not to be acquired in medical schools. But a familiarity with the history of civilization and with mythology is equally indispensable.

'After all that, I still cannot form any picture of the sexual life of children.'

Then I will pursue the subject further; in any case it is not easy for me to get away from it. I will tell you, then, that the most remarkable thing about the sexual life of children seems to me that it passes through the whole of its very far-reaching development in the first five years of life. From then onwards until puberty there stretches what is known as the period of latency. During it sexuality normally advances no further; on the contrary, the sexual urges diminish in strength and many things are given up and forgotten which the child did and knew. During that period of life, after the early efflorescence of sexuality has withered, such attitudes of the ego as shame, disgust, and morality arise, which are destined to stand up against the later tempest of puberty and to lay down the path of the freshly awakening sexual desires. This 'diphasic onset',[2] as it is named, of sexual life has a great deal to do with the genesis of neurotic illnesses. It seems to occur only in human beings, and it is perhaps one of the determinants of the human privilege of becoming neurotic. The prehistory of sexual life was just as much overlooked before psycho-analysis as, in another department, the background to conscious mental life. You will rightly suspect that the two are intimately connected.

There is much to be told, for which our expectations have not prepared us, about the contents, manifestations, and achievements of this early pe-

[2] [Onset in two waves.]

riod of sexuality. For instance, you will no doubt be surprised to hear how often little boys are afraid of being eaten up by their father. (And you may also be surprised at my including this fear among the phenomena of sexual life.) But I may remind you of the mythological tale which you may still recall from your schooldays of how the god Kronos swallowed his children. How strange this must have sounded to you when you first heard it! But I suppose none of us thought about it at the time. Today we can also call to mind a number of fairy tales in which some ravenous animal like a wolf appears, and we shall recognize it as a disguise of the father. And this is an opportunity of assuring you that it was only through the knowledge of infantile sexuality that it became possible to understand mythology and the world of fairy tales. Here then something has been gained as a by-product of analytic studies.

You will be no less surprised to hear that male children suffer from a fear of being robbed of their sexual organ by their father, so that this fear of being castrated has a most powerful influence on the development of their character and in deciding the direction to be followed by their sexuality. And here again mythology may give you the courage to believe psycho-analysis. The same Kronos who swallowed his children also emasculated his father Uranus, and was afterwards himself emasculated in revenge by his son Zeus, who had been rescued through his mother's cunning. If you have felt inclined to suppose that all that psycho-analysis reports about the early sexuality of children is de-

rived from the disordered imagination of the analysts, you must at least admit that their imagination has created the same product as the imaginative activities of primitive man, of which myths and fairy tales are the precipitate. The alternative friendlier, and probably also the more pertinent, view would be that in the mental life of children today we can still detect the same archaic factors which were once dominant generally in the primeval days of human civilization. In his mental development the child would be repeating the history of his race in an abbreviated form, just as embryology long since recognized was the case with somatic development.

Another characteristic of early infantile sexuality is that the female sexual organ proper as yet plays no part in it: the child has not yet discovered it. Stress falls entirely on the male organ, all the child's interest is directed towards the question of whether it is present or not. We know less about the sexual life of little girls than of boys. But we need not feel ashamed of this distinction; after all, the sexual life of adult women is a 'dark continent' for psychology. But we have learnt that girls feel deeply their lack of a sexual organ that is equal in value to the male one; they regard themselves on that account as inferior, and this 'envy for the penis' is the origin of a whole number of characteristic feminine reactions.

It is also characteristic of children that their two excretory needs are cathected [charged] with sexual interest. Later on, education draws a sharp distinction here, which is once more obliterated in the practice of joking. It may seem to us an unsavoury

fact, but it takes quite a long time for children to develop feelings of disgust. This is not disputed even by people who insist otherwise on the seraphic purity of the child's mind.

Nothing, however, deserves more notice than the fact that children regularly direct their sexual wishes towards their nearest relatives—in the first place, therefore, towards their father and mother, and afterwards towards their brothers and sisters. The first object of a boy's love is his mother, and of a girl's her father (except in so far as an innate bisexual disposition favours the simultaneous presence of the contrary attitude). The other parent is felt as a disturbing rival and not infrequently viewed with strong hostility. You must understand me aright. What I mean to say is not that the child wants to be treated by its favourite parent merely with the kind of affection which we adults like to regard as the essence of the parent-child relation. No, analysis leaves us in no doubt that the child's wishes extend beyond such affection to all that we understand by sensual satisfaction—so far, that is, as the child's powers of imagination allow. It is easy to see that the child never guesses the actual facts of sexual intercourse; he replaces them by other notions derived from his own experience and feelings. As a rule his wishes culminate in the intention to bear, or in some indefinable way to procreate, a baby. Boys, too, in their ignorance, do not exclude themselves from the wish to bear a baby. We give the whole of this mental structure the name of 'Oedipus complex', after the familiar Greek legend. With the end of the early sexual period it should

normally be given up, should radically disintegrate and become transformed; and the products of this transformation are destined for important functions in later mental life. But as a rule this is not effected radically enough, in which case puberty brings about a revival of the complex, which may have serious consequences.

I am surprised that you are still silent. That can scarcely mean consent. In asserting that a child's first choice of an object is, to use the technical term, an incestuous one, analysis no doubt once more hurt the most sacred feelings of humanity, and might well be prepared for a corresponding amount of disbelief, contradiction, and attack. And these it has received in abundance. Nothing has damaged it more in the good opinion of its contemporaries than its hypothesis of the Oedipus complex as a structure universally bound to human destiny. The Greek myth, incidentally, must have had the same meaning; but the majority of men today, learned and unlearned alike, prefer to believe that Nature has laid down an innate abhorrence in us as a guard against the possibility of incest.

But let us first summon history to our aid. When Caius Julius Caesar landed in Egypt, he found the young Queen Cleopatra (who was soon to become so important to him) married to her still younger brother Ptolemy. In an Egyptian dynasty there was nothing peculiar in this; the Ptolemies, who were of Greek origin, had merely carried on the custom which had been practised by their predecessors, the ancient Pharaohs, for a few thousand years. This, however, was merely brother-and-sister in-

cest, which even at the present time is not judged so harshly. So let us turn to our chief witness in matters concerning primeval times—mythology. It informs us that the myths of every people, and not only of the Greeks, are filled with examples of love-affairs between fathers and daughters and even between mothers and sons. Cosmology, no less than the genealogy of royal races, is founded upon incest. For what purpose do you suppose these legends were created? To brand gods and kings as criminals? to fasten on them the abhorrence of the human race? Rather, surely, because incestuous wishes are a primordial human heritage and have never been fully overcome, so that their fulfilment was still granted to gods and their descendants when the majority of common humans were already obliged to renounce them. It is in complete harmony with these lessons of history and mythology that we find incestuous wishes still present and operative in the childhood of the individual.

'I might take it amiss that you tried to keep back all this about infantile sexuality from me. It seems to me most interesting, particularly on account of its connexion with human pre-history.'

I was afraid it might take us too far from our purpose. But perhaps after all it will be of use.

'Now tell me, though, what certainty can you offer for your analytic findings on the sexual life of children? Is your conviction based solely on points of agreement with mythology and history?'

Oh, by no means. It is based on direct observation. What happened was this. We had begun by inferring the content of sexual childhood from the

analysis of adults—that is to say, some twenty or forty years later. Afterwards, we undertook analysis on children themselves, and it was no small triumph when we were thus able to confirm in them everything that we had been able to divine, in spite of the amount to which it had been overlaid and distorted in the interval.

'What? You have had small children in analysis? children of less than six years? *Can* that be done? And is it not most risky for the children?'

It can be done very well. It is hardly to be believed what goes on in a child of four or five years old. Children are very active-minded at that age; their early sexual period is also a period of intellectual flowering. I have an impression that with the onset of the latency period they become mentally inhibited as well, stupider. From that time on, too, many children lose their physical charm. And, as regards the damage done by early analysis, I may inform you that the first child on whom the experiment was ventured, nearly twenty years ago, has since then grown into a healthy and capable young man, who has passed through his puberty irreproachably, in spite of some severe psychical traumas. It may be hoped that things will turn out no worse for the other 'victims' of early analysis. Much that is of interest attaches to these child analyses; it is possible that in the future they will become still more important. From the point of view of theory, their value is beyond question. They give unambiguous information on problems which remain unsolved in the analyses of adults; and they thus protect the analyst from errors that might have

momentous consequences for him. One surprises the factors that lead to the formation of a neurosis while they are actually at work and one cannot then mistake them. In the child's interest, it is true, analytic influence must be combined with educational measures. The technique has still to receive its shaping. But practical interest is aroused by the observation that a very large number of our children pass through a plainly neurotic phase in the course of their development. Since we have learnt how to look more sharply, we are tempted to say that neurosis in children is not the exception but the rule, as though it could scarcely be avoided on the path from the innate disposition of infancy to civilized society. In most cases this neurotic phase in childhood is overcome spontaneously. But may it not also regularly leave its traces in the average healthy adult? On the other hand in those who are neurotics in later life we never fail to find links with the illness in childhood, though at the time it need not have been very noticeable. In a precisely analogous way physicians today, I believe, hold the view that each one of us has gone through an attack of tuberculosis in his childhood. It is true that in the case of the neurosis the factor of immunization does not operate, but only the factor of predisposition.

Let me return to your question about certainty. We have become quite generally convinced from the direct analytic examination of children that we were right in our interpretation of what adults told us about their childhood. In a number of cases, however, another sort of confirmation has become possible. The material of the analysis of some pa-

tients has enabled us to reconstruct certain external happenings, certain impressive events of their childhood years, of which they have preserved no conscious memory. Lucky accidents, information from parents or nurses, have afterwards provided irrefutable evidence that these occurrences which we had inferred really did take place. This, of course, has not happened often, but when it has it has made an overwhelming impression. The correct reconstruction, you must know, of such forgotten experiences of childhood always has a great therapeutic effect, whether they permit of objective confirmation or not. These events owe their importance, of course, to their having occurred at such an early age, at a time when they could still produce a traumatic effect on the feeble ego.

'And what sort of events can these be, that have to be discovered by analysis?'

Various sorts. In the first place, impressions capable of permanently influencing the child's budding sexual life—such as observations of sexual activities between adults, or sexual experiences of his own with an adult or another child (no rare events); or, again, overhearing conversations, understood either at the time or retrospectively, from which the child thought it could draw conclusions about mysterious or uncanny matters; or again, remarks or actions by the child himself which give evidence of significant attitudes of affection or enmity towards other people. It is of special importance in an analysis to induce a memory of the patient's own forgotten sexual activity as a child

and also of the intervention by the adults which brought it to an end.

'That gives me an opportunity to bring up a question that I have long wanted to ask. What, then, is the nature of this "sexual activity" of children at an early age, which, as you say, was overlooked before the days of analysis?'

It is an odd thing that the regular and essential part of this sexual activity was *not* overlooked. Or rather, it is by no means odd; for it was impossible to overlook it. Children's sexual impulses find their main expressions in self-gratification by friction of their own genitals, or, more precisely, of the male portion of them. The extraordinarily wide distribution of this form of childish 'naughtiness' was always known to adults, and it was regarded as a grave sin and severely punished. But please do not ask me how people could reconcile these observations of the immoral inclinations of children—for children do it, as they themselves say, because it gives them pleasure—with the theory of their innate purity and non-sensuality. You must get our opponents to solve this riddle. *We* have a more important problem before us. What attitude should we adopt towards the sexual activity of early childhood? We know the responsibility we are incurring if we suppress it; but we do not venture to let it take its course without restriction. Among races at a low level of civilization, and among the lower strata of civilized races, the sexuality of children seems to be given free rein. This probably provides a powerful protection against the subsequent development of neuroses in the individual. But does

it not at the same time involve an extraordinary loss of the aptitude for cultural achievements? There is a good deal to suggest that here we are faced by a new Scylla and Charybdis.

But whether the interests which are stimulated by the study of the sexual life of neurotics create an atmosphere favourable to the encouragement of lasciviousness–*that* is a question which I venture to leave to your own judgement.

V

'I believe I understand your purpose. You want to show me what kind of knowledge is needed in order to practise analysis, so that I may be able to judge whether only doctors should have a right to do so. Well, so far very little to do with medicine has turned up: a great deal of psychology and a little biology or sexual science. But perhaps we have not got to the end?'

Decidedly not. There are still gaps to be filled. May I make a request? Will you describe how you now picture an analytic treatment?—just as though you had to undertake one yourself.

'A fine idea, to be sure! No, I have not the least intention of settling our controversy by an experiment of that sort. But just to oblige, I will do what you ask—the responsibility will be yours. Very well. I will suppose that the patient comes to me and complains of his troubles. I promise him recovery or improvement if he will follow my directions. I call on him to tell me with perfect candour everything that he knows and that occurs to him, and not to be deterred from that intention even if some things are disagreeable to say. Have I taken in the rule properly?'

Yes. You should add: 'even if what occurs to him seems unimportant or senseless.'

'I will add that. Thereupon he begins to talk and

I listen. And what then? I infer from what he tells me the kind of impressions, experiences, and wishes which he has repressed because he came across them at a time when his ego was still feeble and was afraid of them instead of dealing with them. When he has learnt this from me, he puts himself back in the old situations and with my help he manages better. The limitations to which his ego was tied then disappear, and he is cured. Is that right?'

Bravo! bravo! I see that once again people will be able to accuse me of having made an analyst of someone who is not a doctor. You have mastered it all admirably.

'I have done no more than repeat what I have heard from you—as though it was something I had learnt by heart. All the same, I cannot form any picture of how I should do it, and I am at quite a loss to understand why a job like that should take an hour a day for so many months. After all, an ordinary person has not as a rule experienced such a lot, and what was repressed in childhood is probably in every case the same.'

When one really practises analysis one learns all kinds of things besides. For instance: you would not find it at all such a simple matter to deduce from what the patient tells you the experiences he has forgotten and the instinctual impulses he has repressed. He says something to you which at first means as little to you as it does to him. You will have to make up your mind to look at the material which he delivers to you in obedience to the rule in a quite special way: as though it were ore, perhaps,

from which its content of precious metal has to be extracted by a particular process. You will be prepared, too, to work over many tons of ore which may contain but little of the valuable material you are in search of. Here we should have a first reason for the prolonged character of the treatment.

'But how does one work over this raw material—to keep to your simile?'

By assuming that the patient's remarks and associations are only distortions of what you are looking for—allusions, as it were, from which you have to guess what is hidden behind them. In a word, this material, whether it consists of memories, associations, or dreams, has first to be *interpreted.* You will do this, of course, with an eye to the expectations you have formed as you listened, thanks to your special knowledge.

'"Interpret!" A nasty word! I dislike the sound of it; it robs me of all certainty. If everything depends on my interpretation who can guarantee that I interpret right? So after all everything *is* left to my caprice.'

Just a moment! Things are not quite as bad as that. Why do you choose to except your own mental processes from the rule of law which you recognize in other people's? When you have attained some degree of self-discipline and have certain knowledge at your disposal, your interpretations will be independent of your personal characteristics and will hit the mark. I am not saying that the analyst's personality is a matter of indifference for this portion of his task. A kind of sharpness of hearing for what is unconscious and repressed, which is not

possessed equally by everyone, has a part to play. And here, above all, we are brought to the analyst's obligation to make himself capable, by a deep-going analysis of his own, of the unprejudiced reception of the analytic material. Something, it is true, still remains over: something comparable to the 'personal equation' in astronomical observations. This individual factor will always play a larger part in psycho-analysis than elsewhere. An abnormal person can become an accurate physicist; as an analyst he will be hampered by his own abnormality from seeing the pictures of mental life undistorted. Since it is impossible to demonstrate to anyone his own abnormality, general agreement in matters of depth-psychology will be particularly hard to reach. Some psychologists, indeed, think it is quite impossible and that every fool has an equal right to give out his folly as wisdom. I confess that I am more of an optimist about this. After all, our experiences show that fairly satisfactory agreements can be reached even in psychology. Every field of research has its particular difficulty which we must try to eliminate. And, moreover, even in the interpretative art of analysis there is much that can be learnt like any other material of study: for instance, in connexion with the peculiar method of indirect representation through symbols.

'Well, I no longer have any desire to undertake an analytic treatment even in my imagination. Who can say what other surprises I might meet with?'

You are quite right to give up the notion. You see how much more training and practice would be needed. When you have found the right interpre-

tation, another task lies ahead. You must wait for the right moment at which you can communicate your interpretation to the patient with some prospect of success.

'How can one always tell the right moment?'

That is a question of tact, which can become more refined with experience. You will be making a bad mistake if, in an effort, perhaps, at shortening the analysis, you throw your interpretations at the patient's head as soon as you have found them. In that way you will draw expressions of resistance, rejection, and indignation from him; but you will not enable his ego to master his repressed material. The formula is: to wait till he has come so near to the repressed material that he has only a few more steps to take under the lead of the interpretation you propose.

'I believe I should never learn to do that. And if I carry out these precautions in making my interpretation, what next?'

It will then be your fate to make a discovery for which you were not prepared.

'And what may that be?'

That you have been deceived in your patient; that you cannot count in the slightest on his collaboration and compliance; that he is ready to place every possible difficulty in the way of your common work—in a word, that he has no wish whatever to be cured.

'Well! that is the craziest thing you have told me yet. And I do not believe it either. The patient who is suffering so much, who complains so movingly about his troubles, who is making so great a sacrifice

for the treatment—you say he has no wish to be cured! But of course you do not mean what you say.'

Calm yourself! I *do* mean it. What I said was the truth—not the whole truth, no doubt, but a very noteworthy part of it. The patient wants to be cured —but he also wants not to be. His ego has lost its unity, and for that reason his will has no unity either. If that were not so, he would be no neurotic.

'"Were I sagacious, I should not be Tell!"'[1]

The derivatives of what is repressed have broken into his ego and established themselves there; and the ego has as little control over trends from that source as it has over what is actually repressed, and as a rule it knows nothing about them. These patients, indeed, are of a peculiar nature and raise difficulties with which we are not accustomed to reckon. All our social institutions are framed for people with a united and normal ego, which one can classify as good or bad, which either fulfils its function or is altogether eliminated by an overpowering influence. Hence the juridical alternative: responsible or irresponsible. None of these distinctions apply to neurotics. It must be admitted that there is difficulty in adapting social demands to their psychological condition. This was experienced on a large scale during the last war. Were the neurotics who evaded service malingerers or not? They were both. If they were treated as malingerers and if their illness was made highly uncomfortable, they recovered; if after being ostensibly restored they

[1] [Schiller, *Wilhelm Tell*, Act III, Scene 3.]

were sent back into service, they promptly took flight once more into illness. Nothing could be done with them. And the same is true of neurotics in civil life. They complain of their illness but exploit it with all their strength; and if someone tries to take it away from them they defend it like the proverbial lioness with her young. Yet there would be no sense in reproaching them for this contradiction.

'But would not the best plan be not to give these difficult people any treatment at all, but to leave them to themselves? I cannot think it is worth while to expend such great efforts over each of them as you lead me to suppose that you make.'

I cannot approve of your suggestion. It is undoubtedly a more proper line to accept the complications of life rather than struggle against them. It may be true that not every neurotic whom we treat is worth the expenditure of an analysis; but there are some very valuable individuals among them as well. We must set ourselves the goal of bringing it about that as few human beings as possible enter civilized life with such a defective mental equipment. And for that purpose we must collect much experience and learn to understand many things. Every analysis can be instructive and bring us a yield of new understanding quite apart from the personal value of the individual patient.

'But if a volitional impulse has been formed in the patient's ego which wishes to retain the illness, it too must have its reasons and motives and be able in some ways to justify itself. But it is impossible to see why anyone should want to be ill or what he can get out of it.'

Oh, that is not so hard to understand. Think of the war neurotics, who do not have to serve, precisely because they are ill. In civil life illness can be used as a screen to gloss over incompetence in one's profession or in competition with other people; while in the family it can serve as a means for sacrificing the other members and extorting proofs of their love or for imposing one's will upon them. All of this lies fairly near the surface; we sum it up in the term 'gain from illness'. It is curious, however, that the patient—that is, his ego—nevertheless knows nothing of the whole concatenation of these motives and the actions which they involve. One combats the influence of these trends by compelling the ego to take cognizance of them. But there are other motives, that lie still deeper, for holding on to being ill, which are not so easily dealt with. But these cannot be understood without a fresh journey into psychological theory.

'Please go on. A little more theory will make no odds now.'

When I described the relation between the ego and the id to you, I suppressed an important part of the theory of the mental apparatus. For we have been obliged to assume that within the ego itself a particular agency has become differentiated, which we name the super-ego. This super-ego occupies a special position between the ego and the id. It belongs to the ego and shares its high degree of psychological organization; but it has a particularly intimate connexion with the id. It is in fact a precipitate of the first object-cathexes of the id and is

the heir to the Oedipus complex after its demise.[2] This super-ego can confront the ego and treat it like an object; and it often treats it very harshly. It is as important for the ego to remain on good terms with the super-ego as with the id. Estrangements between the ego and the super-ego are of great significance in mental life. You will already have guessed that the super-ego is the vehicle of the phenomenon that we call conscience. Mental health very much depends on the super-ego's being normally developed—that is, on its having become sufficiently impersonal. And that is precisely what it is not in neurotics, whose Oedipus complex has not passed through the correct process of transformation. Their super-ego still confronts their ego as a strict father confronts a child; and their morality operates in a primitive fashion in that the ego gets itself punished by the super-ego. Illness is employed as an instrument for this 'self-punishment', and neurotics have to behave as though they were governed by a sense of guilt which, in order to be satisfied, needs to be punished by illness.

'That really sounds most mysterious. The strangest thing about it is that apparently even this mighty force of the patient's conscience does not reach his consciousness.'

Yes, we are only beginning to appreciate the significance of all these important circumstances. That is why my description was bound to turn out so

[2] [The charges of energy (cathexes) directed from the id on to its first external objects (the parents) are transformed into identifications and the objects are introduced into the ego and there take the form of a super-ego.]

obscure. But now I can proceed. We describe all the forces that oppose the work of recovery as the patient's 'resistances'. The gain from illness is one such resistance. The 'unconscious sense of guilt' represents the super-ego's resistance; it is the most powerful factor, and the one most dreaded by us. We meet with still other resistances during the treatment. If the ego during the early period has set up a repression out of fear, then the fear still persists and manifests itself as a resistance if the ego approaches the repressed material. And finally, as you can imagine, there are likely to be difficulties if an instinctual process which has been going along a particular path for whole decades is suddenly expected to take a new path that has just been made open for it. That might be called the id's resistance. The struggle against all these resistances is our main work during an analytic treatment; the task of making interpretations is nothing compared to it. But as a result of this struggle and of the overcoming of the resistances, the patient's ego is so much altered and strengthened that we can look forward calmly to his future behaviour when the treatment is over. On the other hand, you can understand now why we need such long treatments. The length of the path of development and the wealth of the material are not the decisive factors. It is more a question of whether the path is clear. An army can be held up for weeks on a stretch of country which in peace time an express crosses in a couple of hours—if the army has to overcome the enemy's resistance there. Such battles call for time in mental life too. I am unfortunately obliged to tell you that every

effort to hasten analytic treatment appreciably has hitherto failed. The best way of shortening it seems to be to carry it out according to the rules.

'If I ever felt any desire to poach on your preserves and try my hand at analysing someone else, what you tell me about the resistances would have cured me of it. But how about the special personal influence that you yourself have after all admitted? Does not that come into action against the resistances?'

It is a good thing you have asked me about that. This personal influence is our most powerful dynamic weapon. It is the new element which we introduce into the situation and by means of which we make it fluid. The intellectual content of our explanations cannot do it, for the patient, who shares all the prejudices of the world around him, need believe us as little as our scientific critics do. The neurotic sets to work because he has faith in the analyst, and he believes him because he acquires a special emotional attitude towards the figure of the analyst. Children, too, only believe people they are attached to. I have already told you [p. 10] what use we make of this particularly large 'suggestive' influence. Not for suppressing the symptoms—that distinguishes the analytic method from other psychotherapeutic procedures—but as a motive force to induce the patient to overcome his resistances.

'Well, and if that succeeds, does not everything then go smoothly?'

Yes, it ought to. But there turns out to be an unexpected complication. It was perhaps the greatest

of the analyst's surprises to find that the emotional relation which the patient adopts towards him is of a quite peculiar nature. The very first doctor who attempted an analysis—it was not myself—came up against this phenomenon and did not know what to make of it. For this emotional relation is, to put it plainly, in the nature of falling in love. Strange, is it not? Especially when you take into account that the analyst does nothing to provoke it but on the contrary rather keeps at a distance from the patient, speaking humanly, and surrounds himself with some degree of reserve—when you learn besides that this odd love-relationship disregards anything else that is really propitious and every variation in personal attraction, age, sex, or class. This love is of a positively compulsive kind. Not that that characteristic need be absent from spontaneous falling in love. As you know, the contrary is often the case. But in the analytic situation it makes its appearance with complete regularity without there being any rational explanation for it. One would have thought that the patient's relation to the analyst called for no more than a certain amount of respect, trust, gratitude, and human sympathy. Instead, there is this falling in love, which itself gives the impression of being a pathological phenomenon.

'I should have thought all the same that it would be favourable for your analytic purposes. If someone is in love, he is amenable, and he will do anything in the world for the sake of the other person.'

Yes. It *is* favourable to start with. But when this falling in love has grown deeper, its whole nature comes to light, much of which is incompatible with

the task of analysis. The patient's love is not satisfied with being obedient; it grows exacting, calls for affectionate and sensual satisfactions, it demands exclusiveness, it develops jealousy, and it shows more and more clearly its reverse side, its readiness to become hostile and revengeful if it cannot obtain its ends. At the same time, like all falling in love, it drives away all other mental material; it extinguishes interest in the treatment and in recovery—in short, there can be no doubt that it has taken the place of the neurosis and that our work has had the result of driving out one form of illness with another.

'That does sound hopeless! What can be done about it? The analysis would have to be given up. But if, as you say, the same thing happens in every case, it would be impossible to carry through any analyses at all.'

We will begin by using the situation in order to learn something from it. What we learn may then perhaps help us to master it. Is it not an extremely noteworthy fact that we succeed in transforming every neurosis, whatever its content, into a condition of pathological love?

Our conviction that a portion of erotic life that has been abnormally employed lies at the basis of neuroses must be unshakeably strengthened by this experience. With this discovery we are once more on a firm footing and can venture to make this love itself the object of analysis. And we can make another observation. Analytic love is not manifested in every case as clearly and blatantly as I have tried to depict it. Why not? We can soon see. In propor-

tion as the purely sensual and the hostile sides of his love try to show themselves the patient's opposition to them is aroused. He struggles against them and tries to repress them before our very eyes. And now we understand what is happening. The patient is *repeating* in the form of falling in love with the analyst mental experiences which he has already been through once before; he has *transferred* on to the analyst mental attitudes that were lying ready in him and were intimately connected with his neurosis. He is also repeating before our eyes his old defensive actions; he would like best to repeat in his relation to the analyst *all* the history of that forgotten period of his life. So what he is showing us is the kernel of his intimate life history: *he is reproducing it tangibly, as though it were actually happening, instead of remembering it.* In this way the riddle of the transference-love is solved and the analysis can proceed on its way—with the *help* of the new situation which had seemed such a menace to it.

'That is very cunning. And is the patient so easy to convince that he is not in love but only obliged to stage a revival of an old piece?'

Everything now depends on that. And the whole skill in handling the 'transference' is devoted to bringing it about. As you see, the requirements of analytic technique reach their maximum at this point. Here the gravest mistakes can be made or the greatest successes be registered. It would be folly to attempt to evade the difficulties by suppressing or neglecting the transference: whatever else had been done in the treatment, it would not deserve

the name of an analysis. To send the patient away as soon as the inconveniences of his transference-neurosis make their appearance would be no more sensible, and would moreover be cowardly. It would be as though one had conjured up spirits and run away from them as soon as they appeared. Sometimes, it is true, nothing else is possible. There are cases in which one cannot master the unleashed transference and the analysis has to be broken off; but one must at least have struggled with the evil spirits to the best of one's strength. To yield to the demands of the transference, to fulfil the patient's wishes for affectionate and sensual satisfaction, is not only justly forbidden by moral considerations but is also completely ineffective as a technical method for attaining the purpose of the analysis. A neurotic cannot be cured by being enabled to reproduce uncorrected an unconscious stereotype plate that is ready to hand in him. If one engages in compromises with him by offering him partial satisfactions in exchange for his further collaboration in the analysis, one must beware of falling into the ridiculous situation of the cleric who was supposed to convert a sick insurance agent. The sick man remained unconverted but the cleric took his leave insured. The only possible way out of the transference situation is to trace it back to the patient's past, as he really experienced it or as he pictured it through the wish-fulfilling activity of his imagination. And this demands from the analyst much skill, patience, calm, and self-abnegation.

'And where do you suppose the neurotic experienced the prototype of his transference-love?'

In his childhood: as a rule in his relation with one of his parents. You will remember what importance we had to attribute to these earliest emotional ties. So here the circle closes.

'Have you finished at last? I am feeling just a little bewildered with all I have heard from you. Only tell me one thing more: how and where can one learn what is necessary for practising analysis?'

There are at the moment two Institutes at which instruction in psycho-analysis is given. The first has been founded in Berlin by Dr Max Eitingon, who is a member of the Society there. The second is maintained by the Vienna Psycho-Analytical Society at its own expense and at considerable sacrifice. The part played by the authorities is at present limited to the many difficulties which they put in the way of the young undertaking. A third training Institute is at this moment being opened in London by the Society there, under the direction of Dr Ernest Jones. At these Institutes the candidates themselves are taken into analysis, receive theoretical instruction by lectures on all the subjects that are important for them, and enjoy the supervision of older and more experienced analysts when they are allowed to make their first trials with comparatively slight cases. A period of some two years is calculated for this training. Even after this period, of course, the candidate is only a beginner and not yet a master. What is still needed must be acquired by practice and by an exchange of ideas in the psycho-analytical societies in which young and old members meet together. Preparation for analytic activity is by no means so easy and simple. The work is

hard, the responsibility great. But anyone who has passed through such a course of instruction, who has been analysed himself, who has mastered what can be taught today of the psychology of the unconscious, who is at home in the science of sexual life, who has learnt the delicate technique of psycho-analysis, the art of interpretation, of fighting resistances, and of handling the transference—anyone who has accomplished all this *is no longer a layman in the field of psycho-analysis.* He is capable of undertaking the treatment of neurotic disorders, and will be able in time to achieve in that field whatever can be required from this form of therapy.

VI

'You have expended a great deal of effort on showing me what psycho-analysis is and what sort of knowledge is needed in order to practise it with some prospect of success. Very well. Listening to you can have done me no harm. But I do not know what influence on my judgement you expect your explanations to have. I see before me a case which has nothing unusual about it. The neuroses are a particular kind of illness and analysis is a particular method of treating them—a specialized branch of medicine. It is the rule in other cases as well for a doctor who has chosen a special branch of medicine not to be satisfied with the education that is confirmed by his diploma: particularly if he intends to set up in a fairly large town, such as can alone offer a livelihood to specialists. Anyone who wants to be a surgeon tries to work for a few years at a surgical clinic, and similarly with oculists, laryngologists, and so on—to say nothing of psychiatrists, who are perhaps never able to get away from a state institution or a sanatorium. And the same will happen in the case of psycho-analysts: anyone who decides in favour of this new specialized branch of medicine will, when his studies are completed, take on the two years' training you spoke of in a training institute, if it really requires so much time. He will realize afterwards, too, that it is to his advantage

to keep up his contact with his colleagues in a psycho-analytical society, and everything will go along swimmingly. I cannot see where there is a place in this for the question of lay analysis.'

A doctor who does what you have promised on his behalf will be welcome to all of us. Four-fifths of those whom I recognize as my pupils are in any case doctors. But allow me to point out to you how the relations of doctors to analysis have really developed and how they will probably continue to develop. Doctors have no historical claim to the sole possession of analysis. On the contrary, until recently they have met it with everything possible that could damage it, from the shallowest ridicule to the gravest calumny. You will justly reply that that belongs to the past and need not affect the future. I agree, but I fear the future will be different from what you have foretold.

Permit me to give the word 'quack' the meaning it ought to have instead of the legal one. According to the law a quack is anyone who treats patients without possessing a state diploma to prove he is a doctor. I should prefer another definition: a quack is anyone who undertakes a treatment without possessing the knowledge and capacities necessary for it. Taking my stand on this definition, I venture to assert that—not only in European countries—doctors form a preponderating contingent of quacks in analysis. They very frequently practise analytic treatment without having learnt it and without understanding it.

It is no use your objecting that that is unconscientious and that you cannot believe doctors ca-

pable of it; that after all a doctor knows that a medical diploma is not a letter of marque[1] and that a patient is not an outlaw; and that one must always grant to a doctor that he is acting in good faith even if he may perhaps be in error.

The facts remain; we will hope that they can be accounted for as you think. I will try to explain to you how it becomes possible for a doctor to act in connexion with psycho-analysis in a manner which he would carefully avoid in every other field.

The first consideration is that in his medical school a doctor receives a training which is more or less the opposite of what he would need as a preparation for psycho-analysis. His attention has been directed to objectively ascertainable facts of anatomy, physics, and chemistry, on the correct appreciation and suitable influencing of which the success of medical treatment depends. The problem of life is brought into his field of vision so far as it has hitherto been explained to us by the play of forces which can also be observed in inanimate nature. His interest is not aroused in the mental side of vital phenomena; medicine is not concerned with the study of the higher intellectual functions, which lies in the sphere of another faculty. Only psychiatry is supposed to deal with the disturbances of mental functions; but we know in what manner and with what aims it does so. It looks for the somatic determinants of mental disorders and treats them like other causes of illness.

Psychiatry is right to do so and medical educa-

1 [i.e. does not give him a privateer's licence.]

tion is clearly excellent. If it is described as one-sided, one must first discover the standpoint from which one is making that characteristic into a reproach. In itself every science is one-sided. It must be so, since it restricts itself to particular subjects, points of view, and methods. It is a piece of nonsense in which I would take no part to play off one science against another. After all, physics does not diminish the value of chemistry; it cannot take its place but on the other hand cannot be replaced by it. Psycho-analysis is certainly quite particularly one-sided, as being the science of the mental unconscious. We must not therefore dispute to the medical sciences their right to be one-sided.

We shall only find the standpoint we are in search of if we turn from scientific medicine to practical therapeutics. A sick person is a complicated organism. He may remind us that even the mental phenomena which are so hard to grasp should not be effaced from the picture of life. Neurotics, indeed, are an undesired complication, an embarrassment as much to therapeutics as to jurisprudence and to military service. But they exist and are a particular concern of medicine. Medical education, however, does nothing, literally nothing, towards their understanding and treatment. In view of the intimate connexion between the things that we distinguish as physical and mental, we may look forward to a day when paths of knowledge and, let us hope, of influence will be opened up, leading from organic biology and chemistry to the field of neurotic phenomena. That day still seems a distant one, and for

the present these illnesses are inaccessible to us from the direction of medicine.

It would be tolerable if medical education merely failed to give doctors any orientation in the field of the neuroses. But it does more: it gives them a false and detrimental attitude. Doctors whose interest has not been aroused in the psychical factors of life are all too ready to form a low estimate of them and to ridicule them as unscientific. For that reason they are unable to take anything really seriously which has to do with them and do not recognize the obligations which derive from them. They therefore fall into the layman's lack of respect for psychological research and make their own task easy for themselves.—No doubt neurotics have to be treated, since they are sick people and come to the doctor; and one must always be ready to experiment with something new. But why burden oneself with a tedious preparation? We shall manage all right; who can tell if what they teach in the analytic institutes is any good?—The less such doctors understand about the matter, the more venturesome they become. Only a man who really knows is modest, for he knows how insufficient his knowledge is.

The comparison which you brought up to pacify me, between specialization in analysis and in other branches of medicine, is thus not applicable. For surgery, ophthalmology, and so on, the medical school itself offers an opportunity for further education. The analytic training institutes are few in number, young in years, and without authority. The medical schools have not recognized them and take

no notice of them. The young doctor, who has had to take so much on trust from his teachers that he has had little occasion for educating his judgement, will gladly seize an occasion for playing the part of a critic for once in a field in which there is as yet no recognized authority.

There are other things too that favour his appearing as an analytic quack. If he tried to undertake eye-operations without sufficient preparation, the failure of his cataract extractions and iridectomies and the absence of patients would soon bring his hazardous enterprise to an end. The practice of analysis is comparatively safe for him. The public is spoilt by the average successful outcome of eye-operations and expects cure from the surgeon. But if a 'nerve-specialist' fails to restore his patients no one is surprised. People have not been spoilt by successes in the therapy of the neuroses; the nerve-specialist has at least 'taken a lot of trouble with them'. Indeed, there is not much that can be done; nature must help, or time. With women there is first menstruation, then marriage, and later on the menopause. Finally death is a real help. Moreover, what the medical analyst has done with his neurotic patient is so inconspicuous that no reproach can attach to it. He has made use of no instruments or medicines; he has merely conversed with him and tried to talk him into or out of something. Surely that can do no harm, especially if he avoids touching on distressing or agitating subjects. The medical analyst, who has avoided any strict teaching, will, no doubt, not have omitted an attempt to improve analysis, to pull out its poison fangs and make it pleasant for the patient. And it will be wise for him

to stop there: for if he really ventures to call up resistances and then does not know how to meet them, he may in true earnest make himself unpopular.

Honesty compels me to admit that the activity of an untrained analyst does less harm to his patients than that of an unskilled surgeon. The possible damage is limited to the patient having been led into useless expenditure and having his chances of recovery removed or diminished. Furthermore, the reputation of analytic therapy has been lowered. All this is most undesirable, but it bears no comparison with the dangers that threaten from the knife of a surgical quack. In my judgement, severe or permanent aggravations of a pathological condition are not to be feared even with an unskilled use of analysis. The unwelcome reactions cease after a while. Compared with the traumas of life which have provoked the illness, a little mishandling by the doctor is of no account. It is simply that the unsuitable attempt at a cure has done the patient no good.

'I have listened to your account of the medical quack in analysis without interrupting you, though I formed an impression that you are dominated by a hostility against the medical profession to the historical explanation of which you yourself have pointed the way. But I will grant you one thing: if analyses are to be carried out, it should be by people who have been thoroughly trained for it. And do you not think that with time the doctors who turn to analysis will do everything to obtain that training?'

I fear not. So long as the attitude of the medical

school to the analytic training institute remains unaltered, doctors will find the temptation to make things easier for themselves too great.

'But you seem to be consistently evading any direct pronouncement on the question of lay analysis. What I guess now is that, because it is impossible to keep a check on doctors who want to analyse, you are proposing, out of revenge, as it were, to punish them by depriving them of their monopoly in analysis and by throwing open this medical activity to laymen as well.'

I cannot say whether you have guessed my motives correctly. Perhaps I shall be able later on to put evidence before you of a less partial attitude. But I lay stress on the demand that *no one should practise analysis who has not acquired the right to do so by a particular training*. Whether such a person is a doctor or not seems to me immaterial.

'Then what definite proposals have you to make?'

I have not got so far as that yet; and I cannot tell whether I shall get there at all. I should like to discuss another question with you, and first of all to touch on one special point. It is said that the authorities, at the instigation of the medical profession, want to forbid the practice of analysis by laymen altogether. Such a prohibition would also affect the non-medical members of the Psycho-Analytical Society, who have enjoyed an excellent training and have perfected themselves greatly by practice. If the prohibition were enacted, we should find ourselves in a position in which a number of people are prevented from carrying out an activity which one can safely feel convinced they can perform very

well, while the same activity is opened to other people for whom there is no question of a similar guarantee. That is not precisely the sort of result to which legislation should lead. However, this special problem is neither very important nor difficult to solve. Only a handful of people are concerned, who cannot be seriously damaged. They will probably emigrate to Germany where no legislation will prevent them from finding recognition for their proficiency. If it is desired to spare them this and to mitigate the law's severity, that can easily be done on the basis of some well-known precedents. Under the Austrian Monarchy it repeatedly happened that permission was given to notorious quacks, *ad personam* [personally], to carry out medical activities in certain fields, because people were convinced of their real ability. Those concerned were for the most part peasant healers, and their recommendation seems regularly to have been made by one of the Archduchesses who were once so numerous; but it ought to be possible for it also to be done in the case of town-dwellers and on the basis of a different and merely expert guarantee. Such a prohibition would have more important effects on the Vienna analytic training institute, which would thenceforward be unable to accept any candidates for training from non-medical circles. Thus once again in our country a line of intellectual activity would be suppressed which is allowed to develop freely elsewhere. I am the last person to claim any competence in judging laws and regulations. But this much I can see: that to lay emphasis on our quackery law does not lead in the direction of the approach

to conditions in Germany which is so much aimed at today,[2] and that the application of that law to the case of psycho-analysis has something of an anachronism about it, since at the time of its enactment there was as yet no such thing as analysis and the peculiar nature of neurotic illnesses was not yet recognized.

I come now to a question the discussion of which seems to me more important. Is the practice of psycho-analysis a matter which should in general be subject to official interference, or would it be more expedient to leave it to follow its natural development? I shall certainly not come to any decision on this point here and now, but I shall take the liberty of putting the problem before you for your consideration. In our country from of old a positive *furor prohibendi* [passion for prohibitions] has been the rule, a tendency to keep people under tutelage, to interfere and to forbid, which, as we all know, has not borne particularly good fruit. In our new republican Austria, it seems things have not yet changed very much. I fancy you will have an important word to say in deciding the case of psycho-analysis which we are now considering; I do not know whether you have the wish or the influence with which to oppose these bureaucratic tendencies. At all events, I shall not spare you my unauthoritative thoughts on the subject. In my opinion a superabundance of regulations and prohibitions injures the authority of the law. It can be observed that where only a few prohibitions exist they are carefully observed, but where one is accompanied

[2] [This of course was in the days of the Weimar republic.]

by prohibitions at every step, one feels definitely tempted to disregard them. Moreover, it does not mean one is quite an anarchist if one is prepared to realize that laws and regulations cannot from their origin claim to possess the attribute of being sacred and untransgressable, that they are often inadequately framed and offend our sense of justice, or will do so after a time, and that, in view of the sluggishness of the authorities, there is often no other means of correcting such inexpedient laws than by boldly violating them. Furthermore, if one desires to maintain respect for laws and regulations it is advisable not to enact any where a watch cannot easily be kept on whether they are obeyed or transgressed. Much of what I have quoted above on the practice of analysis by doctors could be repeated here in regard to genuine analysis by laymen which the law is seeking to suppress. The course of analysis is most inconspicuous, it employs neither medicines nor instruments and consists only in talking and an exchange of information; it will not be easy to prove that a layman is practising 'analysis' if he asserts that he is merely giving encouragement and explanations and trying to establish a healthy human influence on people who are in search of mental assistance. It would surely not be possible to forbid that merely because doctors sometimes do the same thing. In English-speaking countries the practices of Christian Science have become very widespread: a kind of dialectical denial of the evils in life, based on an appeal to the doctrines of the Christian religion. I do not hesitate to assert that that procedure represents a regrettable aberration of the human spirit; but who in America or Eng-

land would dream of forbidding it and making it punishable? Are the authorities so certain of the right path to salvation that they venture to prevent each man from trying 'to be saved after his own fashion'?[3] And granted that many people if they are left to themselves run into danger and come to grief, would not the authorities do better carefully to mark the limits of the regions which are to be regarded as not to be trespassed upon, and for the rest, so far as possible, to allow human beings to be educated by experience and mutual influence? Psycho-analysis is something so new in the world, the mass of mankind is so little instructed about it, the attitude of official science to it is still so vacillating, that it seems to me over-hasty to intervene in its development with legislative regulations. Let us allow patients themselves to discover that it is damaging to them to look for mental assistance to people who have not learnt how to give it. If we explain this to them and warn them against it, we shall have spared ourselves the need to forbid it. On the main roads of Italy the pylons that carry high-tension cables bear the brief and impressive inscription: '*Chi tocca, muore* [He who touches will die].' This is perfectly calculated to regulate the behaviour of passers-by to any wires that may be hanging down. The corresponding German notices exhibit an unnecessary and offensive verbosity: '*Das Berühren der Lietungsdrähte ist, weil lebensgefährlich, strengstens verboten* [Touching the transmission cables is, since it is dangerous to life, most

[3] [The saying 'In my State every man can be saved after his own fashion' is attributed to Frederick the Great.]

strictly prohibited].' Why the prohibition? Anyone who holds his life dear will make the prohibition for himself; and anyone who wants to kill himself in that way will not ask for permission.

'But there are instances that can be quoted as legal precedents against allowing lay analysis; I mean the prohibition against laymen practising hypnotism and the recently enacted prohibition against holding spiritualist séances or founding spiritualist societies.'

I cannot say that I am an admirer of these measures. The second one is a quite undisguised encroachment of police supervision to the detriment of intellectual freedom. I am beyond suspicion of having much belief in what are known as 'occult phenomena' or of feeling any desire that they should be recognized. But prohibitions like these will not stifle people's interest in that supposedly mysterious world. They may on the contrary have done much harm and have closed the door to an impartial curiosity which might have arrived at a judgement that would have set us free from these harassing possibilities. But once again this only applies to Austria. In other countries 'para-psychical' researches are not met by any legal obstacles. The case of hypnotism is somewhat different from that of analysis. Hypnotism is the evoking of an abnormal mental state and is used by laymen today only for the purpose of public shows. If hypnotic therapy had maintained its very promising beginnings a position would have been arrived at similar to that of analysis. And incidentally the history of hypnotism provides a precedent for that of analysis in another

direction. When I was a young lecturer in neuropathology, the doctors inveighed passionately against hypnotism, declared that it was a swindle, a deception of the Devil's, and a highly dangerous procedure. Today they have monopolized this same hypnotism and they make use of it unhesitatingly as a method of examination; for some nerve specialists it is still their chief therapeutic instrument.

But I have already told you that I have no intention of making proposals which are based on the decision as to whether legal control or letting things go is to be preferred in the matter of analysis. I know this is a question of principle on the reply to which the inclinations of persons in authority will probably have more influence than arguments. I have already set out what seems to me to speak in favour of a policy of *laissez faire*. If the other decision is taken—for a policy of active intervention—then it seems to me that in any case a lame and unjust measure of ruthlessly forbidding analysis by non-doctors will be an insufficient outcome. More will have to be considered in that case: the conditions will have to be laid down under which the practice of analysis shall be permitted to all those who seek to make use of it, an authority will have to be set up from whom one can learn what analysis is and what sort of preparation is needed for it, and the possibilities for instruction in analysis will have to be encouraged. We must therefore either leave things alone or establish order and clarity; we must not rush into a complicated situation with a single isolated prohibition derived mechanically from a regulation that has become inadequate.

VII

'Yes, but the doctors! the doctors! I cannot induce you to go into the real subject of our conversations. You still keep on evading me. It is a question of whether we should not give doctors the exclusive right of practising analysis—for all I care, after they have fulfilled certain conditions. The majority of doctors are certainly not quacks in analysis as you have represented them. You say yourself that the great majority of your pupils and followers are doctors. It has come to my ears that they are far from sharing your point of view on the question of lay analysis. I may no doubt assume that your pupils agree with your demands for sufficient preparation and so on; and yet these pupils think it consistent to close the practice of analysis to laymen. Is that so? and if so, how do you explain it?'

I see you are well informed. Yes, it is so. Not all, it is true, but a good proportion of my medical colleagues do not agree with me over this, and are in favour of doctors having an exclusive right to the analytic treatment of neurotics. This will show you that differences of opinion are allowed even in our camp. The side I take is well-known, and the contradiction on the subject of lay analysis does not interfere with our good understanding. How can I explain the attitude of these pupils of mine to you? I do not know for certain; I think it must be the

power of professional feeling. The course of their development has been different from mine, they still feel uncomfortable in their isolation from their colleagues, they would like to be accepted by the 'profession' as having plenary rights, and are prepared, in exchange for that tolerance, to make a sacrifice at a point whose vital importance is not obvious to them. Perhaps it may be otherwise; to impute motives of competition to them would be not only to accuse them of base sentiments but also to attribute a strange shortsightedness to them. They are always ready to introduce other doctors into analysis, and from a material point of view it must be a matter of indifference to them whether they have to share the available patients with medical colleagues or with laymen. But something different probably plays a part. These pupils of mine may be influenced by certain factors which guarantee a doctor an undoubted advantage over a layman in analytic practice.

'Guarantee him an advantage? There we have it. So you are admitting the advantage at last? This should settle the question.'

The admission is not hard for me to make. It may show you that I am not so passionately prejudiced as you suppose. I have put off mentioning these things because their discussion will once again make theoretical considerations necessary.

'What are you thinking of now?'

First there is the question of diagnosis. When one takes into analysis a patient suffering from what are described as nervous disorders, one wishes beforehand to be certain—so far, of course, as certainty

can be attained—that he is suited for this kind of treatment, that one can help him, that is to say, by this method. That, however, is only the case if he really has a neurosis.

'I should have thought that would be recognizable from the phenomena, the symptoms, of which he complains.'

This is where a fresh complication arises. It cannot always be recognized with complete certainty. The patient may exhibit the external picture of a neurosis, and yet it may be something else—the beginning of an incurable mental disease or the preliminary of a destructive process in the brain. The distinction—the differential diagnosis—is not always easy and cannot be made immediately in every phase. The responsibility for such a decision can of course only be undertaken by a doctor. As I have said, it is not always easy for him. The illness may have an innocent appearance for a considerable time, till in the end it after all displays its evil character. Indeed, it is one of the regular fears of neurotics that they may become insane. However, if a doctor has been mistaken for a time over a case of this sort or has been in uncertainty about it, no harm has been caused and nothing unnecessary has been done. Nor indeed would the analytic treatment of this case have done any harm, though it would have been exposed as an unnecessary waste. And moreover there would certainly be enough people who would blame the analysis for the unfortunate outcome. Unjustly, no doubt, but such occasions ought to be avoided.

'But that sounds hopeless. It strikes at the roots of

everything you have told me about the nature and origin of a neurosis.'

Not at all. It merely confirms once again the fact that neurotics are a nuisance and an embarrassment for all concerned—including the analysts. But perhaps I shall clear up your confusion if I state my new information in more correct terms. It would probably be more correct to say of the cases we are now dealing with that they have really developed a neurosis, but that it is not psychogenic but somatogenic—that its causes are not mental but physical. Do you understand?

'Oh, yes, I understand. But I cannot bring it into harmony with the other side, the psychological one.'

That can be managed, though, if one bears in mind the complexities of living substance. In what did we find the essence of a neurosis? In the fact that the ego, the higher organization of the mental apparatus (elevated through the influence of the external world), is not able to fulfil its function of mediating between the id and reality, that in its feebleness it draws back from some instinctual portions of the id and, to make up for this, has to put up with the consequences of its renunciation in the form of restrictions, symptoms, and unsuccessful reaction-formations.

A feebleness of the ego of this sort is to be found in all of us in childhood; and that is why the experiences of the earliest years of childhood are of such great importance for later life. Under the extraordinary burden of this period of childhood—we have in a few years to cover the enormous developmental

distance between stone-age primitive men and the participants in contemporary civilization, and, at the same time and in particular, we have to fend off the instinctual impulses of the early sexual period—under this burden, then, our ego takes refuge in repression and lays itself open to a childhood neurosis, the precipitate of which it carries with it into maturity as a disposition to a later nervous illness. Everything now depends on how the growing organism is treated by fate. If life becomes too hard, if the gulf between instinctual claims and the demands of reality becomes too great, the ego may fail in its efforts to reconcile the two, and the more readily, the more it is inhibited by the disposition carried over by it from infancy. The process of repression is then repeated, the instincts tear themselves away from the ego's domination, find their substitutive satisfactions along the paths of regression, and the poor ego has become helplessly neurotic.

Only let us hold fast to this: the nodal point and pivot of the whole situation is the relative strength of the ego organization. We shall then find it easy to complete our aetiological survey. As what may be called the normal causes of neurotic illness we already know the feebleness of the childhood ego, the task of dealing with the early sexual impulses, and the effects of the more or less chance experiences of childhood. Is it not possible, however, that yet other factors play a part, derived from the time before the beginning of the child's life? For instance, an innate strength and unruliness of the instinctual life in the id, which from the outset sets

the ego tasks too hard for it? Or a special developmental feebleness of the ego due to unknown reasons? Such factors must of course acquire an aetiological importance, in some cases a transcendent one. We have invariably to reckon with the instinctual strength of the id; if it has developed to excess, the prospects of our therapy are poor. We still know too little of the causes of a developmental inhibition of the ego. These then would be the cases of neurosis with an essentially constitutional basis. Without some such constitutional, congenital favouring factors a neurosis can, no doubt, scarcely come about.

But if the relative feebleness of the ego is the decisive factor for the genesis of a neurosis, it must also be possible for a later physical illness to produce a neurosis, provided that it can bring about an enfeeblement of the ego. And that, once again, is very frequently found. A physical disorder of this kind can affect the instinctual life in the id and increase the strength of the instincts beyond the limit up to which the ego is capable of coping with them. The normal model of such processes is perhaps the alteration in women caused by the disturbances of menstruation and the menopause. Or again, a general somatic illness, indeed an organic disease of the nervous central organ, may attack the nutritional conditions of the mental apparatus and compel it to reduce its functioning and to bring to a halt its more delicate workings, one of which is the maintenance of the ego organization. In all these cases approximately the same picture of neurosis emerges; neurosis always has the same psycho-

logical mechanism, but, as we see, a most varied and often very complex aetiology.

'You please me better now. You have begun talking like a doctor at last. And now I expect you to admit that such a complicated medical affair as a neurosis can only be handled by a doctor.'

I fear you are overshooting the mark. What we have been discussing was a piece of pathology, what we are concerned with in analysis is a therapeutic procedure. I allow—no, I insist—that in every case which is under consideration for analysis the diagnosis shall be established first by a doctor. By far the greater number of neuroses which occupy us are fortunately of a psychogenic nature and give no grounds for pathological suspicions. Once the doctor has established this, he can confidently hand over the treatment to a lay analyst. In our analytical societies matters have always been arranged in that way. Thanks to the intimate contact between medical and non-medical members, mistakes such as might be feared have been as good as completely avoided. There is a further contingency, again, in which the analyst has to ask the doctor's help. In the course of an analytic treatment, symptoms—most often physical symptoms—may appear about which one is doubtful whether they should be regarded as belonging to the neurosis or whether they should be related to an independent organic illness that has intervened. The decision on this point must once again be left to a doctor.

'So that even during the course of analysis a lay analyst cannot do without a doctor. A fresh argument against their fitness.'

No. No argument against lay analysts can be manufactured out of this possibility, for in such circumstances a medical analyst would not act differently.

'I do not understand that.'

There is a technical rule that an analyst, if dubious symptoms like this emerge during the treatment, shall not submit them to his own judgement but shall get them reported upon by a doctor who is not connected with analysis—a consultant physician, perhaps—even if the analyst himself is a doctor and still well-versed in his medical knowledge.

'And why should a rule be made that seems to me so uncalled-for?'

It is not uncalled-for; in fact there are several reasons for it. In the first place it is not a good plan for a combination of organic and psychical treatment to be carried out by one and the same person. Secondly the relation in the transference may make it inadvisable for the analyst to examine the patient physically. And thirdly the analyst has every reason for doubting whether he is unprejudiced, since his interests are directed so intensely to the psychical factors.

'I now understand your attitude to lay analysis quite clearly. You are determined that there must be lay analysts. And since you cannot dispute their inadequacy for their task, you are scraping together everything you can to excuse them and make their existence easier. But I cannot in the least see why there should be lay analysts, who, after all, can only be therapists of the second class. I am ready, so far as I am concerned, to make an exception in the case

of the few laymen who have already been trained as analysts; but no fresh ones should be created and the training institutes should be put under an obligation to take no more laymen into training.'

I am at one with you, if it can be shown that all the interests involved will be served by this restriction. You will agree that these interests are of three sorts: that of the patients, that of the doctors, and—last but not least—that of science, which indeed comprises the interests of all future patients. Shall we examine these three points together?

For the patient, then, it is a matter of indifference whether the analyst is a doctor or not, provided only that the danger of his condition being misunderstood is excluded by the necessary medical reports before the treatment begins and on some possible occasions during the course of it. For him it is incomparably more important that the analyst should possess personal qualities that make him trustworthy, and that he should have acquired the knowledge and understanding as well as the experience which alone can make it possible for him to fulfill his task. It might be thought that it would damage an analyst's authority if the patient knows that he is not a doctor and cannot in some situations do without a doctor's support. We have, of course, never omitted to inform patients of their analyst's qualification, and we have been able to convince ourselves that professional prejudices find no echo in them and that they are ready to accept a cure from whatever direction it is offered them—which, incidentally, the medical profession discovered long ago to its deep mortification. Nor are the lay

analysts who practise analysis today any chance collection of riffraff, but people of academic education, doctors of philosophy, educationists, together with a few women of great experience in life and outstanding personality. The analysis, to which all the candidates in an analytic training institute have to submit, is at the same time the best means of forming an opinion of their personal aptitude for carrying out their exacting occupation.

Now as to the interest of the doctors. I cannot think that it would gain by the incorporation of psycho-analysis into medicine. The medical curriculum already lasts for five years and the final examinations extend well into a sixth year. Every few years fresh demands are made on the student, without the fulfilment of which his equipment for the future would have to be declared insufficient. Access to the medical profession is very difficult and its practice neither satisfying nor very remunerative. If one supports what is certainly a fully justified demand that doctors should also be familiar with the mental side of illness, and if on that account one extends medical education to include some preparation for analysis, that implies a further increase in the curriculum and a corresponding prolongation of the period of study. I do not know whether the doctors will be pleased by this consequence of their claim upon analysis. But it can scarcely be escaped. And this at a period in which the conditions of material existence have so greatly deteriorated for the classes from which doctors are recruited, a period in which the younger generation sees itself com-

pelled to make itself self-supporting as early in life as possible.

But perhaps you will choose not to burden medical studies with the preparation for analytic practice but think it more expedient for future analysts to take up their necessary training only after the end of their medical studies. You may say the loss of time involved in this is of no practical account, since after all a young man of less than thirty will never enjoy his patients' confidence, which is a *sine qua non* of giving mental assistance. It might no doubt be said in reply that a newly-fledged physician for physical illnesses cannot count upon being treated by his patients with very great respect either, and that a young analyst might very well fill in his time by working in a psycho-analytic out-patient clinic under the supervision of experienced practitioners.

But what seems to me more important is that with this proposal of yours you are giving support to a waste of energy for which, in these difficult times, I can really find no economic justification. Analytic training, it is true, cuts across the field of medical education, but neither includes the other. If—which may sound fantastic today—one had to found a college of psycho-analysis, much would have to be taught in it which is also taught by the medical faculty: alongside of depth-psychology, which would always remain the principal subject, there would be an introduction to biology, as much as possible of the science of sexual life, and familiarity with the symptomatology of psychiatry. On the other hand, analytic instruction would include

branches of knowledge which are remote from medicine and which the doctor does not come across in his practice: the history of civilization, mythology, the psychology of religion and the science of literature. Unless he is well at home in these subjects, an analyst can make nothing of a large amount of his material. By way of compensation, the great mass of what is taught in medical schools is of no use to him for his purposes. A knowledge of the anatomy of the tarsal bones, of the constitution of the carbohydrates, of the course of the cranial nerves, a grasp of all that medicine has brought to light on bacilli as exciting causes of disease and the means of combating them, on serum reactions and on neoplasms—all this knowledge, which is undoubtedly of the highest value in itself, is nevertheless of no consequence to him; it does not concern him; it neither helps him directly to understand a neurosis and to cure it nor does it contribute to a sharpening of those intellectual capacities on which his occupation makes the greatest demands. It cannot be objected that the case is much the same when a doctor takes up some other special branch of medicine—dentistry, for instance: in that case, too, he may not need some of what he has to pass examinations in, and he will have to learn much in addition, for which his schooling has not prepared him. But the two cases cannot be put on a par. In dentistry the great principles of pathology—the theories of inflammation, suppuration, necrosis, and of the metabolism of the bodily organs—still retain their importance. But the experience of an analyst lies in another world, with other phenomena and

other laws. However much philosophy may ignore the gulf between the physical and the mental, it still exists for our immediate experience and still more for our practical endeavours.

It is unjust and inexpedient to try to compel a person who wants to set someone else free from the torment of a phobia or an obsession to take the roundabout road of the medical curriculum. Nor will such an endeavour have any success, unless it results in suppressing analysis entirely. Imagine a landscape in which two paths lead to a hilltop with a view—one short and straight, the other long, winding, and circuitous. You try to stop up the short path by a prohibitory notice, perhaps because it passes by some flower-beds that you want to protect. The only chance you have of your prohibition being respected is if the short path is steep and difficult while the longer one leads gently up. If, however, that is not so, and the roundabout path is on the contrary the harder, you may imagine the value of your prohibition and the fate of your flower-beds! I fear you will succeed in compelling the laymen to study medicine just as little as I shall be able to induce doctors to learn analysis. For you know human nature as well as I do.

'If you are right, that analytic treatment cannot be carried out without special training, but that the medical curriculum cannot bear the further burden of a preparation for it, and that medical knowledge is to a great extent unnecessary for an analyst, how shall we achieve the ideal physician who shall be equal to all the tasks of his calling?'

I cannot foresee the way out of these difficulties,

nor is it my business to point it out. I see only two things: first that analysis is an embarrassment to you and that the best thing would be for it not to exist—though neurotics, no doubt, are an embarrassment too; and secondly, that the interests of everyone concerned would for the time being be met if the doctors could make up their minds to tolerate a class of therapists which would relieve them of the tedium of treating the enormously common psychogenic neuroses while remaining in constant touch with them to the benefit of the patients.

'Is that your last word on the subject? or have you something more to say?'

Yes indeed. I wanted to bring up a third interest—the interest of science. What I have to say about that will concern you little; but, by comparison, it is of all the more importance to me.

For we do not consider it at all desirable for psycho-analysis to be swallowed up by medicine and to find its last resting-place in a text-book of psychiatry under the heading 'Methods of Treatment', alongside of procedures such as hypnotic suggestion, autosuggestion, and persuasion, which, born from our ignorance, have to thank the laziness and cowardice of mankind for their short-lived effects. It deserves a better fate and it may be hoped, will meet with one. As a 'depth-psychology', a theory of the mental unconscious, it can become indispensable to all the sciences which are concerned with the evolution of human civilization and its major institutions such as art, religion, and the social order. It has already, in my opinion, afforded these sciences considerable help in solving their

problems. But these are only small contributions compared with what might be achieved if historians of civilization, psychologists of religion, philologists, and so on would agree themselves to handle the new instrument of research which is at their service. The use of analysis for the treatment of the neuroses is only one of its applications; the future will perhaps show that it is not the most important one. In any case it would be wrong to sacrifice all the other applications to this single one, just because it touches on the circle of medical interests.

For here a further prospect stretches ahead, which cannot be encroached upon with impunity. If the representatives of the various mental sciences are to study psycho-analysis so as to be able to apply its methods and angles of approach to their own material, it will not be enough for them to stop short at the findings which are laid down in analytic literature. They must learn to understand analysis in the only way that is possible—by themselves undergoing an analysis. The neurotics who need analysis would thus be joined by a second class of persons, who accept analysis from intellectual motives, but who will no doubt also welcome the increase in their capacities which they will incidentally achieve. To carry out these analyses a number of analysts will be needed, for whom any medical knowledge will have particularly little importance. But these 'teaching analysts'—let us call them—will require to have had a particularly careful education. If this is not to be stunted, they must be given an opportunity of collecting experience from instructive and informative cases; and since healthy people

who also lack the motive of curiosity do not present themselves for analysis, it is once more only upon neurotics that it will be possible for the teaching analysts—under careful supervision—to be educated for their subsequent non-medical activity. All this, however, requires a certain amount of freedom of movement, and is not compatible with petty restrictions.

Perhaps you do not believe in these purely theoretical interests of psycho-analysis or cannot allow them to affect the practical question of lay analysis. Then let me advise you that psycho-analysis has yet another sphere of application, which is outside the scope of the quackery law and to which the doctors will scarcely lay claim. Its application, I mean, to the bringing-up of children. If a child begins to show signs of an undesirable development, if it grows moody, refractory, and inattentive, the paediatrician and even the school doctor can do nothing for it, even if the child produces clear neurotic symptoms, such as nervousness, loss of appetite, vomiting, or insomnia. A treatment that combines analytic influence with educational measures, carried out by people who are not ashamed to concern themselves with the affairs in a child's world, and who understand how to find their way into a child's mental life, can bring about two things at once: the removal of the neurotic symptoms and the reversal of the change in character which had begun. Our recognition of the importance of these inconspicuous neuroses of children as laying down the disposition for serious illnesses in later life points to these child analyses as an excellent

method of prophylaxis. Analysis undeniably still has its enemies. I do not know whether they have means at their command for stopping the activities of these educational analysts or analytic educationalists. I do not think it very likely; but one can never feel too secure.

Moreover, to return to our question of the analytic treatment of adult neurotics, even there we have not yet exhausted every line of approach. Our civilization imposes an almost intolerable pressure on us and it calls for a corrective. Is it too fantastic to expect that psycho-analysis in spite of its difficulties may be destined to the task of preparing mankind for such a corrective? Perhaps once more an American may hit on the idea of spending a little money to get the 'social workers' of his country trained analytically and to turn them into a band of helpers for combating the neuroses of civilization.

'Aha! a new kind of Salvation Army!'

Why not? Our imagination always follows patterns. The stream of eager learners who will then flow to Europe will be obliged to pass Vienna by, for here the development of analysis may have succumbed to a premature trauma of prohibition. You smile? I am not saying this as a bribe for your support. Not in the least. I know you do not believe me; nor can I guarantee that it will happen. But one thing I do know. It is by no means so important *what* decision you give on the question of lay analysis. It may have a local effect. But the things that really matter—the possibilities in psycho-analysis for *internal* development—can never be affected by regulations and prohibitions.

POSTSCRIPT (1927)

The immediate occasion of my writing the small volume which was the starting-point of the present discussion was a charge of quackery brought against a non-medical member of our Society, Dr. Theodor Reik, in the Vienna Courts. It is generally known, I think, that after all the preliminary proceedings had been completed and a number of expert opinions had been received, the charge was dropped. I do not believe that this was a result of my book. No doubt the prosecution's case was too weak, and the person who brought the charge as an aggrieved party proved an untrustworthy witness. So that the quashing of the proceedings against Dr. Reik is probably not to be regarded as a considered judgement of the Vienna Courts on the general question of lay analysis. When I drew the figure of the 'Impartial Person' who was my interlocutor in my tract, I had before my mind one of our high officials. This was a man with a friendly attitude and a mind of unusual integrity, to whom I had myself talked about Reik's case and for whom I had, at his request, written a confidential opinion on the subject. I knew I had not succeeded in converting him to my views, and that was why I made my dialogue with the Impartial Person end without agreement too.

Nor did I expect that I should succeed in bringing

about unanimity in the attitude of analysts themselves towards the problem of lay analysis. Anyone who compares the views expressed by the Hungarian Society in this discussion with those of the New York group will perhaps conclude that my book has produced no effect whatever and that everyone persists in his former opinion. But I do not believe this either. I think that many of my colleagues have modified their extreme *parti pris* and that the majority have accepted my view that the problem of lay analysis ought not to be decided along the lines of traditional usage but that it arises from a novel situation and therefore demands a fresh judgement.

Again, the turn which I gave to the whole discussion seems to have met with approval. My main thesis was that the important question is not whether an analyst possesses a medical diploma but whether he has had the special training necessary for the practice of analysis. This served as the starting-point for a discussion, which was eagerly embarked upon, as to what is the training most suitable for an analyst. My own view was and still remains that it is not the training prescribed by the University for future doctors. What is known as medical education appears to me to be an arduous and circuitous way of approaching the profession of analysis. No doubt it offers an analyst much that is indispensable to him. But it burdens him with too much else of which he can never make use, and there is a danger of its diverting his interest and his whole mode of thought from the understanding of psychical phenomena. A scheme of training for

analysts has still to be created. It must include elements from the mental sciences, from psychology, the history of civilization and sociology, as well as from anatomy, biology and the study of evolution. There is so much to be taught in all this that it is justifiable to omit from the curriculum anything which has no direct bearing on the practice of analysis and only serves indirectly (like any other study) as a training for the intellect and for the powers of observation. It is easy to meet this suggestion by objecting that analytic colleges of this kind do not exist and that I am merely setting up an ideal. An ideal, no doubt. But an ideal which can and must be realized. And in our training institutes, in spite of all their youthful insufficiencies, that realization has already begun.

It will not have escaped my readers that in what I have said I have assumed as axiomatic something that is still violently disputed in the discussion. I have assumed, that is to say, that psychoanalysis is not a specialized branch of medicine. I cannot see how it is possible to dispute this. Psychoanalysis is a part of psychology; not of medical psychology in the old sense, not of the psychology of morbid processes, but simply of psychology. It is certainly not the whole of psychology, but its substructure and perhaps even its entire foundation. The possibility of its application to medical purposes must not lead us astray. Electricity and radiology also have their medical application, but the science to which they both belong is none the less physics. Nor can their situation be affected by historical arguments. The whole theory of electricity

had its origin in an observation of a nerve-muscle preparation; yet no one would dream to-day of regarding it as a part of physiology. It is argued that psycho-analysis was after all discovered by a physician in the course of his efforts to assist his patients. But that is clearly neither here nor there. Moreover, the historical argument is double-edged. We might pursue the story and recall the unfriendliness and indeed the animosity with which the medical profession treated analysis from the very first. That would seem to imply that it can have no claims over analysis to-day. And though I do not accept that implication, I still feel some doubts as to whether the present wooing of psycho-analysis by the doctors is based, from the point of view of the libido theory, upon the first or upon the second of Abraham's sub-stages[1]—whether they wish to take possession of their object for the purpose of destroying or of preserving it.

I should like to consider the historical argument a moment longer. Since it is with me personally that we are concerned, I can throw a little light, for anyone who may be interested, on my own motives. After forty-one years of medical activity, my self-knowledge tells me that I have never really been a doctor in the proper sense. I became a doctor through being compelled to deviate from my original purpose; and the triumph of my life lies in my

[1] [Abraham supposed that the oral stage of a child's libidinal development included a first, or sucking, sub-stage in which it had no hostile feelings towards its object (the breast) and a second, or biting, sub-stage, in which it destroyed its object as it incorporated it.]

having, after a long and roundabout journey, found my way back to my earliest path. I have no knowledge of having had any craving in my early childhood to help suffering humanity. My innate sadistic disposition was not a very strong one, so that I had no need to develop this one of its derivatives. Nor did I ever play the 'doctor game'; my infantile curiosity evidently chose other paths. In my youth I felt an overpowering need to understand something of the riddles of the world in which we live and perhaps even to contribute something to their solution. The most hopeful means of achieving this end seemed to be to enrol myself in the medical faculty; but even after that I experimented—unsuccessfully —with zoology and chemistry, till at last, under the influence of Brücke,[2] who carried more weight with me than anyone else in my whole life, I settled down to physiology, though in those days it was too narrowly restricted to histology. By that time I had already passed all my medical examinations; but I took no interest in anything to do with medicine till the teacher whom I so deeply respected warned me that in view of my impoverished material circumstances I could not possibly take up a theoretical career. Thus I passed from the histology of the nervous system to neuropathology and then, prompted by fresh influences, I began to be concerned with the neuroses. I scarcely think, however, that my lack of a genuine medical temperament has done much damage to my patients. For it is not

[2] [Ernst Wilhelm von Brücke (1819–92), head of the Vienna Institute of Physiology, in which Freud began his scientific career.]

greatly to the advantage of patients if their doctor's therapeutic interest has too marked an emotional emphasis. They are best helped if he carries out his task coolly and keeping as close as possible to the rules.

No doubt what I have just said throws little light on the problem of lay analysis; but it was only intended to exhibit my personal credentials as being myself a supporter of the inherent value of psycho-analysis and of its independence of its application to medicine. But it will be objected at this point that whether psycho-analysis, regarded as a science, is a subdivision of medicine or of psychology is a purely academic question and of no practical interest. The real point at issue, it will be said, is a different one, namely the application of analysis to the treatment of patients; in so far as it claims to do this it must be content, the argument will run, to be accepted as a specialized branch of medicine, like radiology, for instance, and to submit to the rules laid down for all therapeutic methods. I recognize that that is so; I admit it. I only want to feel assured that the therapy will not destroy the science. Unluckily analogies never carry one more than a certain distance; a point is soon reached at which the subjects of the comparison take divergent paths. The case of analysis differs from that of radiology. A physicist does not require to have a patient in order to study the laws that govern X-rays. But the only subject-matter of psycho-analysis is the mental processes of human beings and it is only in human beings that it can be studied. For reasons which can easily be understood, neurotic

human beings offer far more instructive and accessible material than normal ones, and to withhold that material from anyone who wishes to study and apply analysis is to dock him of a good half of his training possibilities. I have, of course, no intention of asking that the interests of neurotic patients should be sacrificed to those of instruction and scientific research. The aim of my small volume on the question of lay analysis was precisely to show that, if certain precautions are observed, the two interests can quite easily be brought into harmony and that the interests of medicine, as rightly understood, will not be the last to profit by such a solution.

I myself brought forward all the necessary precautions and I can safely say that the discussion added nothing on this point. But I should like to remark that the emphasis was often placed in a manner which did not do justice to the facts. What was said about the difficulties of differential diagnosis and the uncertainty in many cases in deciding about somatic symptoms—situations, that is, in which medical knowledge and medical intervention are necessary—this is all of it perfectly true. Nevertheless, the number of cases in which doubts of this kind never arise at all and in which a doctor is *not* required is surely incomparably greater. These cases may be quite uninteresting scientifically, but they play an important enough part in life to justify the activity of lay analysts, who are perfectly competent to deal with them. Some time ago I analysed a colleague who gave evidence of a particularly strong dislike of the idea of anyone being allowed to engage in a medical activity who was not himself

a medical man. I was in a position to say to him: 'We have now been working for more than three months. At what point in our analysis have I had occasion to make use of my medical knowledge?' He admitted that I had had no such occasion.

Again, I attach no great importance to the argument that a lay analyst, because he must be prepared to consult a doctor, will have no authority in the eyes of his patients and will be treated with no more respect than such people as bone-setters or masseurs. Once again, the analogy is an imperfect one—quite apart from the fact that what governs patients in their recognition of authority is usually their emotional transference and that the possession of a medical diploma does not impress them nearly so much as doctors believe. A professional lay analyst will have no difficulty in winning as much respect as is due to a secular pastoral worker. Indeed, the words, 'secular pastoral worker', might well serve as a general formula for describing the function which the analyst, whether he is a doctor or a layman, has to perform in his relation to the public. Our friends among the Protestant clergy, and more recently among the Catholic clergy as well, are often able to relieve their parishioners of the inhibitions of their daily life by confirming their faith—after having first offered them a little analytic information about the nature of their conflicts. Our opponents, the Adlerian 'Individual Psychologists', endeavour to produce a similar result in people who have become unstable and inefficient by arousing their interest in the social community—after having first thrown some light upon a single

corner of their mental life and shown them the part played in their illness by their egoistic and distrustful impulses. Both of these procedures, which derive their power from being based on analysis, have their place in psychotherapy. We who are analysts set before us as our aim the most complete and profoundest possible analysis of whoever may be our patient. We do not seek to bring him relief by receiving him into the Catholic, Protestant or socialist community. We seek rather to enrich him from his own internal sources, by putting at the disposal of his ego those energies which, owing to repression, are inaccessibly confined in his unconscious, as well as those which his ego is obliged to squander in the fruitless task of maintaining these repressions. Such activity as this is pastoral work in the best sense of the words. Have we set ourselves too high an aim? Are the majority of our patients worth the pains that this work requires of us? Would it not be more economical to prop up their weaknesses from without rather than to rebuild them from within? I cannot say; but there is something else that I *do* know. In psycho-analysis there has existed from the very first an inseparable bond between cure and research. Knowledge brought therapeutic success. It was impossible to treat a patient without learning something new; it was impossible to gain fresh insight without perceiving its beneficent results. Our analytic procedure is the only one in which this precious conjunction is assured. It is only by carrying on our analytic pastoral work that we can deepen our dawning comprehension of the human mind. This prospect of scientific gain has been the

proudest and happiest feature of analytic work. Are we to sacrifice it for the sake of any considerations of a practical sort?

Some remarks that have been made in the course of this discussion have led me to suspect that, in spite of everything, my book on lay analysis has been misunderstood in one respect. The doctors have been defended against me, as though I had declared that they were in general incompetent to practise analysis and as though I had given it out as a pass-word that medical reinforcements were to be rejected. That was far from my intention. The idea probably arose from my having been led to declare in the course of my observations (which had a controversial end in view) that untrained medical analysts were even more dangerous than laymen. I might make my true opinion on this question clear by echoing a cynical remark about women that once appeared in *Simplicissimus*. One man was complaining to another about the weaknesses and troublesome nature of the fair sex. 'All the same', replied his companion, 'women are the best thing we have of the kind.' I am bound to admit that, so long as schools such as we desire for the training of analysts are not yet in existence, people who have had a preliminary education in medicine are the best material for future analysts. We have a right to demand, however, that they should not mistake their preliminary education for a complete training, that they should overcome the one-sidedness that is fostered by instruction in medical schools and that they should resist the temptation to flirt with endocrinology and the autonomic nerv-

ous system, when what is needed is an apprehension of psychological facts with the help of a framework of psychological concepts. I also share the view that all those problems which relate to the connection between psychical phenomena and their organic, anatomical and chemical foundations can be approached only by those who have studied both, that is, by medical analysts. It should not be forgotten, however, that this is not the whole of psychoanalysis, and that for its other aspect we can never do without the co-operation of people who have had a preliminary education in the *mental* sciences. For practical reasons we have been in the habit—and this is true, incidentally, of our publications as well—of distinguishing between medical and applied analysis. But that is not a logical distinction. The true line of division is between *scientific* analysis and its *applications* alike in medical and in non-medical fields.

In these discussions the bluntest rejection of lay analysis has been expressed by our American colleagues. A few words to them in reply will, I think, not be out of place. I can scarcely be accused of making a misuse of analysis for controversial purposes if I express an opinion that their resistance is derived wholly from practical factors. They see how in their own country lay analysts put analysis to all kinds of mischievous and illegitimate purposes and in consequence cause injury both to their patients and to the good name of analysis. It is therefore not to be wondered at if in their indignation they give the widest possible berth to such unscrupulous mischief-makers and try to prevent

any layman from having a share in analysis. But these facts are already enough to diminish the significance of the American position; for the question of lay analysis must not be decided on practical considerations alone, and local conditions in America cannot be the sole determining influence on our views.

The resolution passed by our American colleagues against lay analysts, based as it essentially is upon practical reasons, appears to me nevertheless to be unpractical; for it cannot affect any of the factors which govern the situation. It is more or less equivalent to an attempt at repression. If it is impossible to prevent the lay analysts from pursuing their activities and if the public does not support the campaign against them, would it not be more expedient to recognize the fact of their existence by offering them opportunities for training? Might it not be possible in this way to gain some influence over them? And, if they were offered as an inducement the possibility of receiving the approval of the medical profession and of being invited to co-operate, might they not have some interest in raising their own ethical and intellectual level?

Vienna, June 1927.